Medical Economics

BER 1941
YEAR

Medical Economics

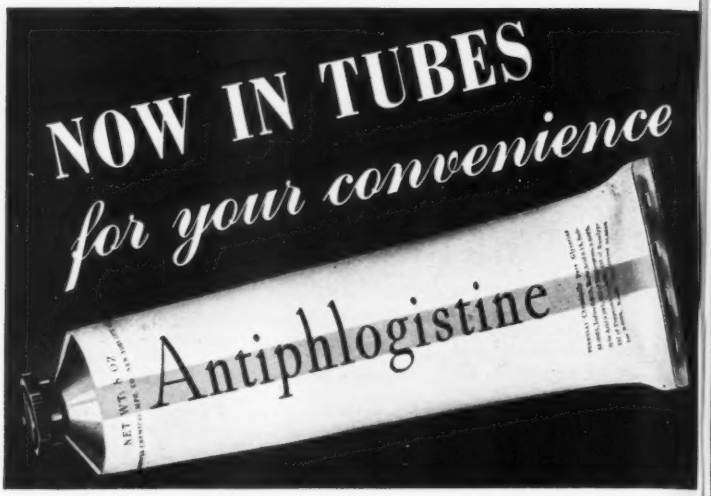
THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

NOVEMBER 1941

Cover photo from R. I. Nesmith & Associates

CIRCULATION: 130,000

H. Sheridan Baketel, A.M., M.D., Editor • *William Alan Richardson*, Managing Editor
Patrick O'Sheel, Associate Editor • *F. H. Rowsome Jr.*, Contributing Editor
Lansing Chapman, Publisher • *Russell H. Babb*, Advertising Manager



Doctors cast landslide vote of approval

● Through personal interviews and mailed questionnaires, some 1,700 practitioners were canvassed to test in advance the response to the proposal to offer Antiphlogistine in tubes.

Reports from all parts of the country—from 39 out of the 48 states—registered a landslide vote of approval of over ninety-five per cent.

The new tube offers three definite advantages:

1. *Greater convenience in application.*
2. *Greater accuracy and ease in heating.*
3. *Greater economy in use.* (Contents may be kept indefinitely after opening, by replacing cap.)

Thus as the major season opens for Tonsillitis, Bronchitis, Laryngitis and many other respiratory disorders, as well as for many other conditions for which it is indicated, Antiphlogistine may be administered and used with these new advantages by doctors and their patients the country over.

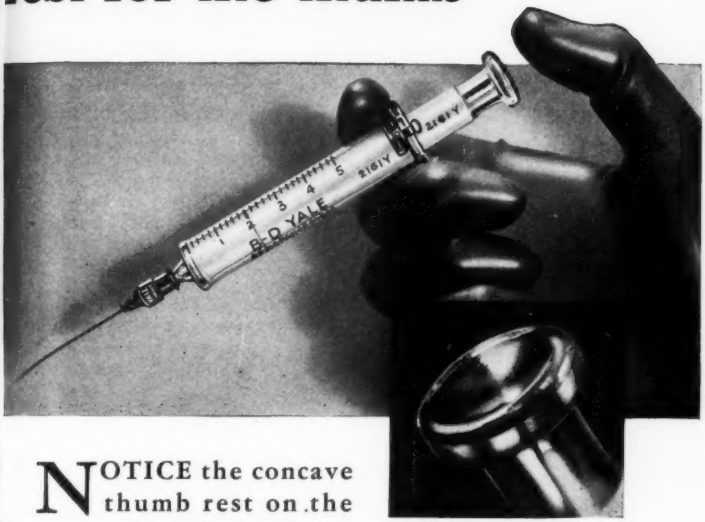
If the new tube is not available at your druggist, please notify us at once by sending his name and address and supply will be made available promptly.

NOTE: The formula for Antiphlogistine remains unchanged. It is: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin · Dehydrated 54.864%.

Antiphlogistine will still be available in cans of 5 oz., 16 oz., 2 lbs. and 5 lbs.

THE DENVER CHEMICAL MFG. CO., 163 VARICK ST., N. Y. C.

Even to this... a concave rest for the thumb



NOTICE the concave thumb rest on the plunger of all B-D Syringes. An extra manufacturing operation to be sure. Yet, when rubber gloves are used, that concave thumb rest adds to the sureness of touch and gives that extra sense of security which distinguishes precise manufacture from the average.

Ten extra manufacturing details combine to add features of durability and convenience which reduce costs and facilitate handling for professional users of B-D Syringes.

B-D PRODUCTS
Made for the Profession

B-D Syringes

YALE	MEDICAL CENTER	LUER-LOK
OF SPECIAL RESISTANCE GLASS	OF 'PYREX'	EXTRA STRONG TIP LOCKS WITH B-D NEEDLES

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

speaking frankly

G.P.'s PROBLEM

TO THE EDITORS: Here's a poser that has been bothering me. I'm a general practitioner with a fair number of obstetric cases. Often my patients feel that since I've brought their babies into the world, I should continue to care for them as they grow older. These parents have confidence in me; and I am of course quite capable of attending a normal child. If a case develops complications I naturally turn it over to the pediatrician promptly.

This is the problem: Has a pediatrician any ethical reason for ill-feeling against me because I don't refer ordinary cases? I can't determine any logical rule to govern when the G.P. should keep a case, and when he should turn it over to a pediatrician.

What do your readers think?

M.D., New Jersey

[*Information, please!*—THE EDITORS]

CAUGHT IN THE ACT

TO THE EDITORS: I have read with interest the letters in your October issue concerning possible payment of physicians who examine draftees. Here is one for the book.

For many years I have been examiner for several insurance companies, and since the draft I have been examiner for the local Selective Service board. I cannot complete a draft examination in less than an hour and a quarter, and the time is chosen at the convenience of the registrant, not at my own.

I receive no compensation for an examination for which any of my insurance companies would pay $5. This in itself is perfectly agreeable to me. In a time of national peril every citizen should give to the limit according to his opportunity and ability.

So far so good. Today I received official notice that I was liable to Federal prosecution under the Hatch Act because, while working for my country's good for nothing, I was at the same time a member of the Republican City Committee—a position I have occupied for some fifteen years!

If this doesn't take the nickel-plated, fur-lined rolling pin, then I'll eat that same pin. If we expect to emerge successfully from the present crisis by such colossal asininity then God help our country!

Is it any wonder that a physician who tries to be a good citizen longs to tell somebody, in three short, one-syllable words, where to go?

M.D., Maine

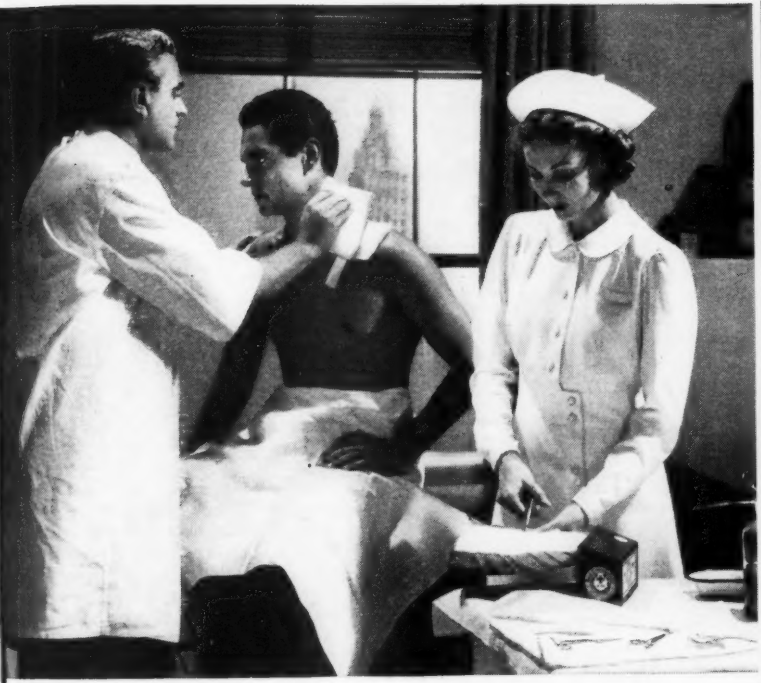
[*According to New York draft officials, non-paid Selective Service board personnel have recently been held not subject to the Hatch Act. For news of this development, see page 123.*—THE EDITORS]

SIBERIAN

TO THE EDITORS: Here in the sand dunes of New York State's version of Siberia, we medics on active duty with the army have organized a local Journal Club. Purpose of this club is to keep us in contact with civilian medicine. So I'm writing this letter in the hope that you'll add MEDICAL ECONOMICS to our list of periodicals.

I've been following Lieutenant

Protective Dressings



• Red Cross Cotton provides bulk and protection in the application of dressings. It is sterile, absorbent, soft and clean. Supplied in convenient-size dispensing cartons up to 1 lb.

ORDER FROM YOUR DEALER

RED CROSS COTTON

Leigh's articles with pleasure. They give an accurate and concise picture of what an army doctor does during peacetime. However, I can add a little.

I haven't attended a single patient in the eleven months I've been on active duty. Most of my tasks have been thoroughly non-medical in character. For instance, I was sent to the Motor Maintenance School at Fort Knox for three months (I have a diploma to prove it). It seems there is a greater shortage of mechanics than of doctors in the army at present. In fact, they are still sending doctors from our medical battalions to learn to be mechanics.

We've had some amusing experiences here at camp. Imagine a well known internist and a pediatrician boasting of the wonderful lemon meringue pies they can make! They are graduates of our cooks and bakers school.

In a few more days my year will be up and I may be discharged. I'll never volunteer for anything again for the rest of my life. Meanwhile, please send me a list of towns where I might locate. I don't plan to return to my original location; my buddies there have taken *very* good care of my practice during my absence. Since I must start from scratch again, it may just as well be in a new community.

Medical Reserve Officer,
New York

O.A.L.R.

TO THE EDITORS: The first installment of your very good article on OALR implies that it would be of advantage to a prospective otolaryngologist to have had experience in general medicine. This is not wholly true, since the medical student of today must perforce complete a good internship. If he goes into general practice, he may join that body known to educators as the Forgotten Men. Too often the individual himself, through

carelessness in continuing his reading during the general practice period, loses a certain amount of mental flexibility and finds it very difficult to assimilate the basic requirements.

M.D., Nebraska

TO THE EDITORS: I don't feel that my specialty (ophthalmology) pays sufficient attention to educating public and profession about the necessity for treatment of squints in childhood. We see these cases too late. They've been taken to all the optometrists in the locality during the first seven or so years of life, and then come to us afterward.

The general practitioner has an opportunity to do a genuine service here. But partly because the G.P. is so busy, and partly because he fears the family will be upset if he mentions that there's a cross-eye, he usually passes up the opportunity to refer the case for proper care. I know—I was in general practice for ten years.

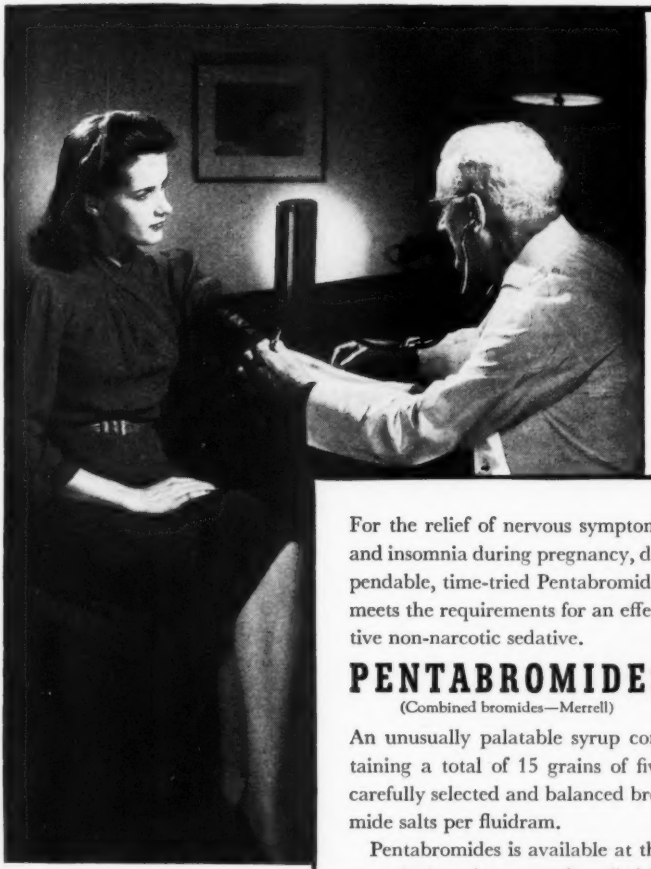
Another thing: I believe the tendency to prolong a specialist's training until he knows as much as his instructors is foolish. Two years of specialty study is enough. If a man is good, he will continue to grow; and if he's not, no amount of study will be adequate. A young specialist ought to think, "What am I going to do next?"—not "What did Professor O. Howe Wise do?"

M.D., Maine

TO THE EDITORS: I like Part I of "Outlook for O.A.L.R." a great deal. But it neglects to weigh that great background of tradition and ethics concerning which so many young aspirants today are blissfully oblivious.

I'm strong for the true guild spirit in medical specialties. I'd like to see fully 90 per cent of the youngsters who are inducted into our ranks become specialists because they're following in their fathers' footsteps—or following after some great man

NEUROSES OF PREGNANCY



For the relief of nervous symptoms and insomnia during pregnancy, dependable, time-tried Pentabromides meets the requirements for an effective non-narcotic sedative.

PENTABROMIDES

(Combined bromides—Merrell)

An unusually palatable syrup containing a total of 15 grains of five carefully selected and balanced bromide salts per fluidram.

Pentabromides is available at the prescription pharmacy. Supplied in 16-ounce bottles.

Write for Sample and Literature

T. M. "Pentabromides" reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY

Founded 1828

Cincinnati, U. S. A.

who has blazed the trail. That way, they'd have a goal to reach—the desire to leave the specialty better off than they found it, to pass on a tradition which has been brightened, not tarnished. They'd think less of self and personal profit, more of the future of medicine itself. . .

Or am I being old-fashioned?

M.D., Ohio

TO THE EDITORS: Sometimes we otolaryngologists find that general practitioners fail to advocate certain kinds of special work, or even oppose it—just because they aren't trained to do it themselves. This seems particularly true in procedures such as submucous resections and sinus operations.

Many a patient has been told never to allow anything of this nature to be done to him, while as a matter of fact countless grateful patients have been relieved by these procedures. It sure gets my dander up when I learn of such misguidance.

M.D., Minnesota

[*For a consideration of the relationships between OALR, other specialties, and general practice, turn to the second installment of "Outlook for O.A.L.R." on page 62.*—THE EDITORS]

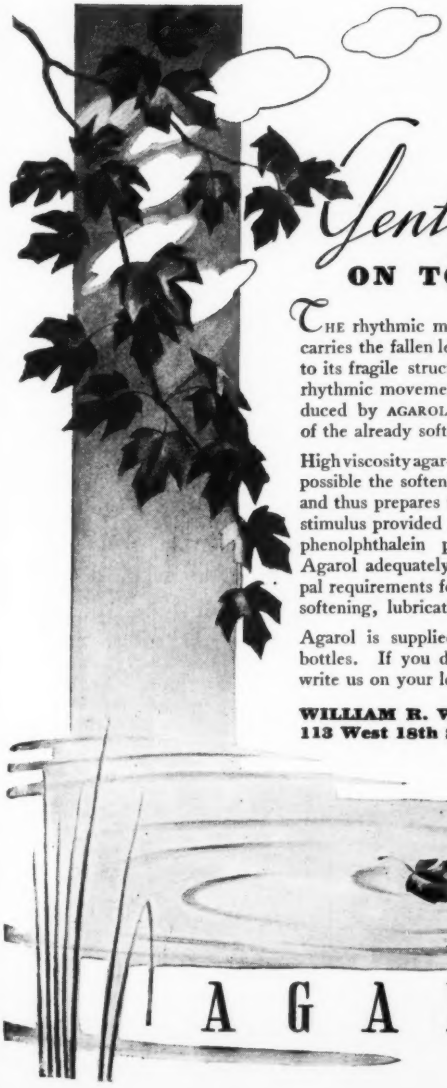
SACRIFICE ON DUTY

TO THE EDITORS: I've been interested in your articles about army duty, but feel you have not given a complete picture of the reserve officer's plight.

Why is the army finding it difficult to build up the reserves except by pressure on students and draft-age graduates?

What protection is given the medical officer under legislation for continued active duty? What about his insurance program, his stake in idle office equipment, his debts (at 6 per cent), his hard-won practice, etc.?

Why is it that a reserve officer certified for promotion has to wait two or three months for it to go through.



Gently Borne

ON TO ITS GOAL

THE rhythmic movement of the gentle wave carries the fallen leaf to the shore without harm to its fragile structure. Similarly, the gentle rhythmic movement of the peristaltic wave induced by AGAROL assures certain evacuation of the already softened intestinal contents.

High viscosity agar-emulsified mineral oil makes possible the softening of the intestinal contents and thus prepares the ground for the peristaltic stimulus provided by the highly purified white phenolphthalein present in Agarol. Thus Agarol adequately furnishes the three principal requirements for the relief of constipation: softening, lubrication, peristaltic stimulation.

Agarol is supplied in 6, 10 and 16 ounce bottles. If you desire a trial supply, please write us on your letterhead.

WILLIAM R. WARNER & CO., INC.
113 West 18th Street - New York City

AGAROL

when a week would be more than enough? And when they do come, why don't promotions date back to the day of certification?

How many of the men doing local draft board examinations would actually exchange places with married first lieutenants who receive $262 a month, out of which they must pay storage on equipment and rent on empty offices, spend heavily to buy necessary uniforms, and pay exorbitant defense rentals to keep a family from breaking up?

The list of specific problems is long. But almost every doctor on active duty undertakes hardships which make the complaints of the draft board doctor dwindle into the two-bit class. My slant is the one usually held in our army bull sessions: So long as we few carry our load, let others carry theirs on the home front.

Medical Reserve Officer
Virginia

CHARITABLE

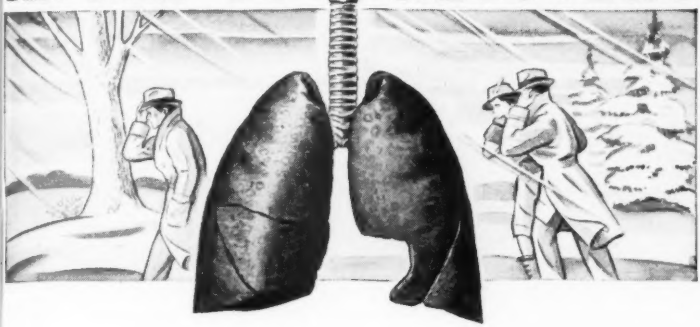
TO THE EDITORS: What should the physician do when he's asked to contribute to just about every charity and social organization in town? To refuse is to invite a reputation as a tightwad, which doesn't help to build a practice. Yet, the physician's charities in his own work easily represent a more than generous contribution to community welfare. This is not a new problem to members of the profession. But I'd like to hear, in these columns, how my colleagues handle the situation.

M.D., New Jersey

PROCUREMENT PLAN

TO THE EDITORS: The present method of procuring physicians for our armed forces is badly in need of overhauling. In proportion to their numbers, far more physicians in small cities and rural areas have been called into service than have physicians in metropolitan areas. Yet it is the big

AN AID TO RECOVERY



IN the respiratory ailments of winter, the patient's comfort is particularly important as a means of promoting rest and thereby aiding convalescence.

Whether or not specific medication or chemotherapy is used, you will find it advantageous also to employ externally the analgesic, decongestive cataplasm, Numotizine, liberally this winter for such conditions as — TONSILLITIS . . . COLDS . . . PHARYNGITIS . . . INFLUENZA . . . BRONCHITIS . . . PNEUMONIA.

Numotizine is simple to apply, clean, easy to remove. One application is sufficient for about 12 hours. In addition to its use in respiratory affections, depend on Numotizine for relief in traumatic and inflammatory pain and swelling.

NUMOTIZINE

Supplied in 4 oz., 8 oz., 15 oz. and 30 oz. jars

•

Write for literature and clinical samples

RESEALABLE GLASS JARS . . . NO CONTAMINATION . . . NO WASTE

NUMOTIZINE, INC.
900 NORTH FRANKLIN STREET CHICAGO, U. S. A.

cities which can best afford to spare any considerable number of doctors.

Whatever master procurement plan is finally formed—and an improvement on the present situation will have to come—it should include these elements:

1. All physicians up to age 50 to be subject to call for either military duty or special service in industry or civil defense.

2. Doctors in small communities to be allowed to continue their practices, unless they can be replaced.

3. Non-citizens in possession of medical licenses to be employed in permanent CCC, army, and navy establishments with pay equal to that of a first lieutenant or captain, while retaining their civilian status, thus releasing physician-officers for other work in the service.

4. Physicians assigned to special civil-defense duty away from their normal place of practice to be guaranteed an income equaling the army pay in the rank for which they are eligible.

5. No physician to be retained in service for more than eighteen months, except in time of war.

M.D., Massachusetts

SHOTS IN TIME

TO THE EDITORS: We doctors are failing in our duty to patients and community when we neglect to make sure that children are immunized. It isn't enough to tell parents about the value of immunizations. We must see to it that preventive measures are actually taken.

I've been on the watch for an attractive immunization certificate to help this work along—perhaps a folder with blanks for names of patient and parents, date of birth, name of M.D. in attendance, plus space for data on smallpox vaccination, whooping cough, scarlet fever, and diphtheria immunizations, etc. There ought to be room to record the date of im-

NATIONAL DEFENSE... "PRESTONE" ANTI-FREEZE... AND YOU

MANY OF THE ARMY'S HIGH SPEED TANKS, trucks, combat cars, liquid-cooled airplanes and other vital defense equipment use "Prestone" anti-freeze. This *one shot*, all winter protection is also used by the Navy to keep ships, submarines, and speedy patrol torpedo boats in fighting trim. By protecting equipment that protects *you*, "Prestone" anti-freeze plays a vital role in the nation's defense.

No Change in Price

$2.65 PER GALLON

IF YOU CAN'T GET "PRESTONE" ANTI-FREEZE *Remember this*

In addition to the demands made on "Prestone" anti-freeze, raw materials necessary for its manufacture are being used in making defense equipment.

Despite these heavy defense requirements, quantities of "Prestone" anti-freeze were made available to American motorists, but the supply probably will not be sufficient to meet all civilian needs.

NATIONAL CARBON COMPANY, INC.

Unit of Union Carbide and Carbon Corporation

UCC

The words "Eveready" and "Prestone" are registered trade-marks of National Carbon Company, Inc.

"PRESTONE" ANTI-FREEZE

"There's Nothing Else Like It!"

munizations, reactions, and results of Schick and Dick tests.

So far I haven't found such a certificate. I think it would be a real practice-builder.

M.D., Nebraska

FIRST CLASS

TO THE EDITORS: Doctors who send out reprints of their articles make a mistake to send them by second class mail. After all, people are inclined to evaluate your efforts by the way you apparently value them yourself. . .

Besides sending mine by first class mail, I often jot "With kind regards" and my signature on the reprint cover. This adds a personal touch, which means that the reprint stands a better chance of being read.

M.D., California

[*The practice of mailing reprints is fully discussed in an article in this issue. See page 44.*—THE EDITORS]

LOCUM TENENS

TO THE EDITORS: During the past few years I have practiced as a locum tenens for various periods ranging from two weeks up to sixteen months. Here are a few observations which may be of value to prospective parties to a locum tenens arrangement.

The average substitute will not be able to do more than 75 per cent of the business the original physician did. There will be some patients who would come to the locum tenens if he were a permanent fixture, but who will not come when they know he is a substitute. An excellent office girl, well liked and accustomed to the clientele, can do a great deal to help hold the practice up to par.

Unless the owner feels sure he can guarantee a locum tenens a net of $50 a week, plus half the net above that figure, he may have difficulty in finding a good man to take his place. In fact, he might be better off to close his office temporarily. An arrange-

THE THIN MAN

The undernourished, underweight individual, whether man, woman or child, requires special dietetic attention. COCOMALT, three times daily in milk, when extra calories and additional food essentials are needed, is often recommended by the profession. As a between-meal feeding, it has also proven of value.

Recent studies[1] show that in groups of both children and aged the addition of COCOMALT to the diet in regular amounts resulted in substantial weight gains and improved blood picture. Further mentions are made by medical commentators[2] with inclusion of COCOMALT in successful diet lists for thin patients.

The vitamin-mineral character of this malted food drink supplies important nutrients in diets for all ages. COCOMALT also provides a drink whose taste appeal acts as an incentive to drink more milk.

Cocomalt

. . . for both normal and therapeutic diets . . . contains calcium, phosphorus, iron . . . Vitamins A, B_1, D . . . Quick energy and body building nutrients.

COCOMALT
Enriched Food Drink for All Ages
R. B. DAVIS COMPANY • Hoboken, N. J.

[1] Arch. of Ped.—56:Nov. 1939
Medical Rec.—Aug. 21, 1940

[2] Medical Rec.—150:1:1939;
Arch. of Ped.—57:488 (July) 1940

ment with a substitute must be liberal in order to secure and hold a competent man.

It's a mistake for the owner of a practice to expect to make money out of a substitute. After all, when the locum tenens departs he receives nothing for the professional reputation which he established during the owner's absence, nor can he take it with him.

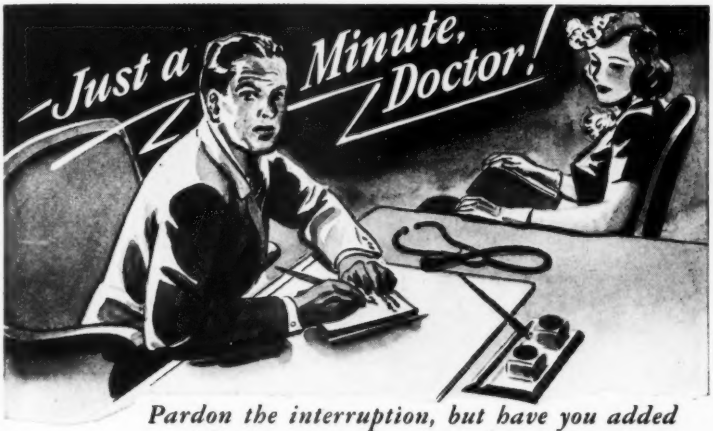
If the owner dies, leaving the substitute in a position to carry on, it's well to remember that used equipment has only limited market value. If the widow expects to get anything, she must be prepared to sell quickly and cheaply, at, say, not over 25 cents on the dollar. For if she delays, another doctor may come in who won't buy anything.

I believe it would be difficult to find a first-class man who would agree to pay a percentage on a dead physician's practice unless the percentage were paid in lieu of a fixed price for equipment.

Paul R. Howard, M.D.
El Dorado, Ark.

Pictures In This Issue

P. 42—De Palma-Black Star
Pp. 46, 47—Office Planning Division, Ritter Equipment Co.
Pp. 54, 55—The Bettman Archive
P. 71—American Optical Co.



Pardon the interruption, but have you added "Patient Acceptance" to that prescription?

PATIENT acceptance—the indispensable ingredient of all "spoon medicine"—can be added to your prescription by simply specifying "Elixir Peptenzyme q. s. ad."

This ideal menstruum meets every essential requirement for solvency, reaction, taste, color, and compatibility. It is readily miscible with most drugs; and its pH of 4.7 will not precipitate such agents as the salicylates, benzoates, or sodium salts of barbituric acid or its derivatives. It effectively disguises the distastefulness—whether bitterness, sourness, or astringency—as well as the repulsive odor and the nauseating tendency of many drugs and galenicals. It is compatible with practically all pharmacopoeial drugs, and is completely free from sugar.

Your patients will appreciate your thoughtfulness in enlisting the blandness and palatability afforded by Elixir Peptenzyme. Liberal samples gladly sent on request.

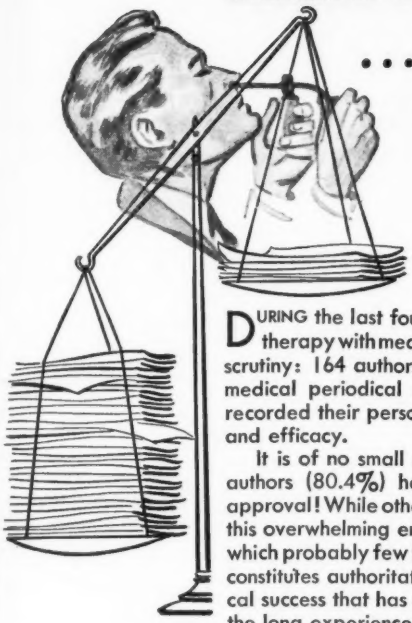
REED & CARNRICK · JERSEY CITY, N. J.

ELIXIR PEPTENZYME

THE IDEAL MENSTRUUM AND PROTECTIVE AGENT

WEIGHED IN THE BALANCE

. . . and found overwhelming!



DURING the last fourteen years, intranasal "cold" therapy with medicated oils has undergone close scrutiny: 164 authors writing on this subject in the medical periodical and textbook literature have recorded their personal judgment of its soundness and efficacy.

It is of no small significance that 132 of these authors (80.4%) have been outspoken in their approval! While others have divergent preferences, this overwhelming endorsement (a preponderance which probably few forms of therapy can command) constitutes authoritative justification for the empirical success that has attended this local treatment in the long experience of thousands of physicians.

'Pineoleum's' classic formula incorporates those helpful medicinal ingredients recommended by leading authorities for intranasal medication. It fills the requirements for astringency and local sedation, for mucosal stimulation, and for the inhibition of bacterial invasion. Its soothing film aids in correcting dryness and promoting ciliary activity . . . in reducing congestion and "fullness of the head" . . . and (by mild antisepsis) in forestalling complications, assisting the recuperative process, and lessening danger of contagion. That's why physicians (after nearly 40 years of clinical employment) increasingly prescribe 'Pineoleum' for local "cold" relief.

AVAILABLE

'Pineoleum' Plain in specially constructed Nebulizer Outfit; in 30 cc. dropper bottles; 100 cc. and 1 pint bottles. 'Pineoleum' with Ephedrine, in 30 cc. dropper bottles, and 1 pint bottles. And 'Pineoleum' Ephedrine Jelly, in nasal applicator tubes.

Write for trial supply

THE PINEOLEUM COMPANY
New York, N. Y.

FORMULA

'Pineoleum' incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%) in a base of doubly-refined liquid petrolatum—plain or with ephedrine (.50%).

PINEOLEUM

REG. U. S. PAT. OFF.

PLAIN OR WITH EPHEDRINE

THE STANDARD FORMS

FEOSOL TABLETS

THE STANDARD IRON THERAPY

FORMULA: Each Feosol Tablet contains three grains ferrous sulfate exsiccated—approximately equivalent to five grains ferrous sulfate, U.S.P.—with a special vehicle and coating to prevent oxidation and to promote disintegration.

INDICATIONS: Feosol Tablets are the *standard iron therapy for iron-deficiency anemias.* These anemias complicate almost every infectious condition. They accompany malnutrition and insufficiency of iron in the diet and follow acute hemorrhage and chronic blood loss. Because of the demands of pregnancy and menstruation, their incidence in women is especially high.

SPECIFIC THERAPY: "Shotgun" preparations have little place in the treatment of iron-deficiency anemia. Iron alone is specific. Moreover, the cost of mixtures containing copper, liver, vitamins, etc., in addition to iron, is necessarily high and makes adequate treatment too expensive for the average patient.

SKF

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

ADVANTAGES:

1. Optimal hemoglobin regeneration with 3 to 4 tablets daily.
2. The gastric distress associated with other forms of iron therapy is reduced to a minimum. No blackening of teeth; no unpleasant aftertaste.
3. Feosol Tablets are one of the least expensive forms of iron therapy.

ADMINISTRATION: One tablet, three to four times daily, after meals and upon retiring. (In severe iron-deficiency states, larger dosage may be necessary.) Any gastric distress may be almost completely obviated by giving one tablet the first day, two the second, etc., until the full dosage is reached.

AVAILABLE: In Bottles of 100 and 1000 Tablets.

SKF

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

FEOSOL TABLETS

OF IRON THERAPY

FEOSOL ELIXIR

THE EFFICIENT LIQUID IRON

FORMULA: Each adult dose of Feosol Elixir, two fluid drams (two teaspoonfuls), contains five grains ferrous sulfate, U.S.P.

INDICATIONS: For use in the iron-deficiency anemias of infancy and childhood, and for adult patients who prefer iron in liquid form.

Also indicated as a light, easily tolerated iron tonic for convalescents, the aged and all others whose iron reserves need building up.

ADVANTAGES: 1. *Effective:*—Feosol Elixir has an unusually high ferrous sulfate content. The recommended dosage should produce a satisfactory reticulocyte response in one week, and a rise in hemoglobin which often averages more than 1 per cent per day.

2. *Palatable:*—Feosol Elixir is so pleasant to the taste that patients—especially children—who refuse other forms of iron accept it willingly.

SKF

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

ADMINISTRATION: Dosage—*Adults:* 2 to 3 teaspoonfuls 3 times daily. It is often advisable to begin with small doses and gradually increase. *Infants:* Begin with 20 drops daily, and gradually increase to 2 teaspoonfuls daily. Administer between feedings and in divided doses. *Older Children:* 1 to 2 teaspoonfuls 3 times daily, preferably between meals.

Feosol Elixir may be prescribed undiluted, with water, or with fruit or vegetable juices.

In peptic ulcer, Feosol Elixir may be administered without fear of increasing the ulcer symptoms if the patient is on an ulcer diet, and takes the dose, diluted in a full glass of water, immediately after feedings.

IMPORTANT: Adequate dosage over a considerable period of time is essential for optimal hemoglobin regeneration.

AVAILABLE: In 6 and 12 Ounce Bottles.

SKF

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

FEOSOL ELIXIR

THE challenge of the War Department finds one answer in the words of Edward Bausch when he says, "My associates and myself have obligated this company to a program that eclipses in magnitude and speed all previous efforts."

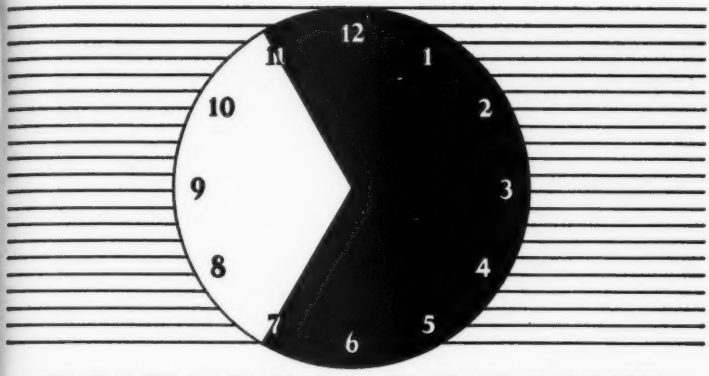
This pledge is underlined and italicized three times every twenty-four hours by the long lines of workers in each change of shift. Every resource and facility gained in filling the diverse optical needs of education, research and industry is being concentrated in maintaining an unbroken flow of optical instruments to America's front lines of defense and to America's defense industries.

Many are the Bausch & Lomb products that help to "keep 'em flying." There are bubble octants for aerial navigation; photo lenses for mapping and reconnaissance, height finders, searchlight mirrors and flank-spotting scopes for anti-aircraft defense; binoculars for spotters; Ray-Ban Glasses for fliers.

The accepted optical aids to industry developed by Bausch & Lomb—the Contour Measuring Projector, the Metallographic Equipment, the B&L Littrow Spectrograph—are now in the first line of production, doing important work in keeping them flying.

BAUSCH & LOMB
OPTICAL CO. • ROCHESTER, NEW YORK
ESTABLISHED 1853

AN AMERICAN SCIENTIFIC INSTITUTION PRODUCING OPTICAL GLASS AND INSTRUMENTS



BUTISOL SODIUM

(Sodium Salt of ethyl secondary butyl malonyl urea "McNeil")

The 8-Hour Sedative

Rapid onset and clear recovery are desirable features in sedative medication, particularly for the relief of insomnia.

The hypnotic effect of Butisol Sodium occurs about a half-hour after administration and terminates in approximately eight hours, followed by complete awakening within a short period and free from "morning after" drowsiness.

The Safety Factor

Butisol Sodium is approximately 50 percent more active therapeutically than phenobarbital. At the same time, it is about 30 percent less toxic than phenobarbital. This further increases its safety in therapeutic dosage.

INDICATIONS: Butisol Sodium may be used whenever a sedative, antispasmodic hypnotic effect is desired, such as in hypertension, preanesthesia, menopausal neuroses, hysteria and various spastic conditions. May be used for artificial induction of sleep, as in obstetrics.

Suggested Dosage: ⅛ gr. to 3 grs. with water or milk.

Supplied in Capsules Butisol Sodium 1½ grs.; Tablets, ⅛, ¼ and ¾ gr.

Available in bottles of 100, 500 and 1,000.

McNeil Laboratories
Incorporated
Philadelphia · Pennsylvania

McNeil Laboratories, Inc.,
2900 N. Seventeenth St., Philadelphia, Pa. Dept. M.E. 11
Please send samples and literature on Butisol Sodium.

Dr. .....
Address .....
City ..... State .....

Which will fit your needs better, **DOCTOR?**

Castle "95"

Castle "C-416"

WILL you specify the large storage space, the sanitary foot lift and free top space of a Castle modernized cabinet with instrument sterilizer (No. 95), or will space restrictions demand the stripped-down portable model?

The first gives your office a "lift." Both are practical and have the same "Full-automatic" sterilizing safety . . . the same life-time CAST-IN-BRONZE boiler . . . the same rugged dependability.

We suggest that you get full information now. . . . Don't delay. Ask your dealer or write to:

Wilmot Castle Company
1143 University Ave.
ROCHESTER, N. Y.

CASTLE STERILIZERS

37% Stronger for Coughs

and "TRIAL IS PROOF"

MADE with the Codeine *Alkaloid* one grain to the ounce. It is readily verified that 1 grain of Codeine *Alkaloid* is equal in strength to 1.37 grains of the commonly used Codeine Phosphate.

A palatable, cherry-colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Costs little or no more than ordinary codeine syrups. Druggists stock for prescription use.

℞

If you will try it—just once—in the coughs of pertussis, bronchitis or asthma—you will continue to prescribe it and we shall be grateful.

SEND FOR SAMPLE

Hollings-Smith Co. ME11

Orangeburg, N. Y.

Sample Syrup Codeine Comp. Bell, please,

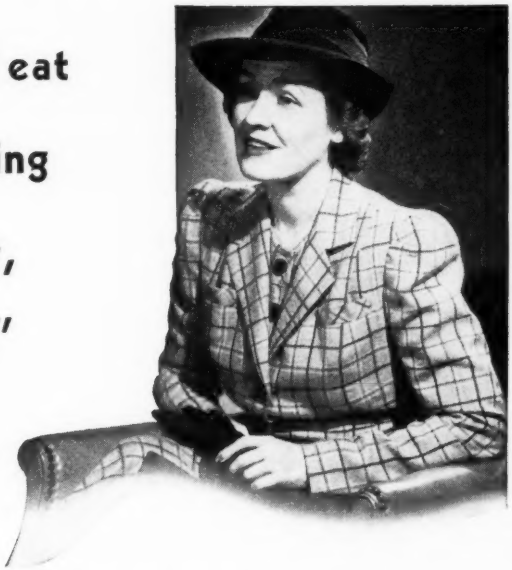
Registry No......

Name .....

Address .....

Samples will not be sent to those who have had them before as supply is limited.

"Sure, I'll eat everything you say, Doctor"



For a well-rounded supply of Vitamins, your patients must adhere strictly to your recommended diet. Yet many times such cooperation is impossible, because of taste, cost, eating habits or cooking customs.

A specific intake of five clinically important vitamins may be assured, however, conveniently and economically with

WHITE'S MULTI-VI CAPSULES

Each capsule contains:

Vitamin A	10,000 U.S.P. Units
Vitamin B_1	200 U.S.P. Units
Vitamin B_2(G)	100 Gamma
Vitamin C	500 International Units
Vitamin D	1,000 U.S.P. Units

Supplied in packages of 24; bottles of 100 and 500.

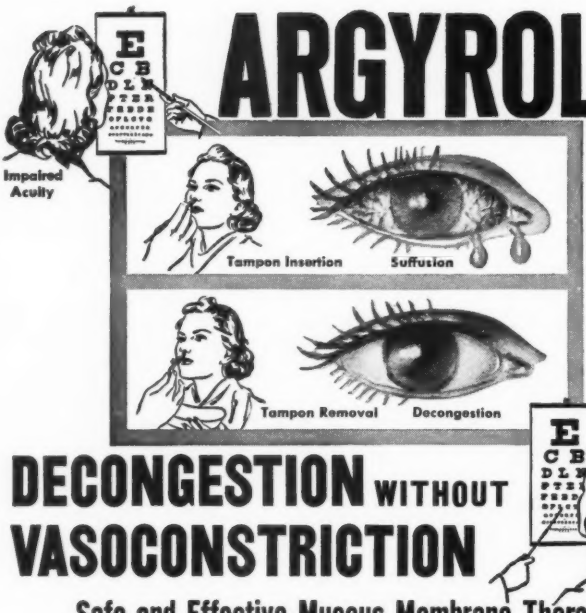
You will doubtless be particularly interested in prescribing White's Multi-Vi Capsules in cases of restricted diets, in convalescence, pregnancy and lactation, prolonged illnesses and other conditions which predispose toward borderline deficiencies.

Ethically promoted—not advertised to the laity.

WHITE LABORATORIES, INC.

NEWARK, NEW JERSEY

ARGYROL



DECONGESTION WITHOUT VASOCONSTRICTION

Safe and Effective Mucous Membrane Therapy

● The ocular suffusion and decongestion incident to the Dowling tampon treatment indicate that ARGYROL'S action is physiological as well as chemical—that it marshals to its aid many of the natural defensive processes in combating infection.

The insertion of an ARGYROL tampon into the nose, often produces an intense injection and suffusion of the conjunctiva followed by decongestion. Indeed, ocular congestion present *before* the tampon insertion is frequently improved by this method, and visual acuity may be rendered more acute.

This then is evidence of ARGYROL'S ability to achieve decongestion not only of the nasal blood vessels, but of the entire head, *without resort to powerful vasoconstriction.* Add to this, ARGYROL'S freedom from irritating properties in any concentration from 1% to 50%, the fact it is non-injurious to the cilia, its ultra fine colloidal dispersion and highly active Brownian movement, its controlled pH and pAg, and its remarkable detergent and soothing properties, and you have a few of the reasons why ARGYROL is the overwhelming choice of specialists in treatment of mucous membrane infections.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
4. NO PULMONARY COMPLICATIONS
5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE

SIDELIGHTS

Proponents of a New Deal in medicine never tire of telling us that medicine has become so complex that every patient needs the benefit of a battery of specialists. They yearn for the day when the last general practitioner will become a museum piece along with the Choctaw Indian, the village blacksmith, and other vanishing Americans.

It is to be noted, however, that the army now wants to award most of its medical corps commissions to general practitioners, not to specialists. And among those who fear for the wartime medical care of the civilian population the opinion is expressed that what the folks back home need are good general practitioners.

A country without G.P.'s would indeed be on the spot in the event of a national emergency.

✪

If, in a metropolis like New York City where charity abuse is said to be rampant, the county medical society were to set up a special committee to investigate complaints about the misuse of clinic facilities, the assumption is that it would have its hands full.

Yet experience indicates otherwise. For a good many months ago the New York County Medical Society formed just such a Special Committee on Hospitals and Dispensaries and made a concerted effort to find evidence that free medical service in clinics was being obtained by patients not entitled to it.

The results? Three complaints in 1940 and none so far in 1941.

Had the committee made no serious attempt to uncover complaints, the results might not be so surprising. But it is reported on good authority that members of the committee spent considerable time, without success, trying to gather evidence.

It might be argued that the physicians questioned by the committee were loathe to make complaints known for fear of adverse publicity. However, this is scarcely likely since they were told that the complaints would not be published and that their names would be kept out of any subsequent discussions.

Either some other factor militated against the registering of complaints, or the long-familiar problem of charity abuse in at least one of our large cities is a problem no more.

✪

Delegates of the American Medical Association who voted to appeal the government's verdict in the now-famous anti-trust case have found interesting grounds for speculation in the recent appointment of Francis Biddle as Attorney General.

The question is whether Mr. Biddle will see fit to clip the wings of his assistant, Thurman Arnold. The Department of Justice is mum on the subject; but the ill feeling that exists between the two men is no state secret. Mr. Biddle is said to look with considerable disfavor on Mr. Arnold's trust-busting efforts, believing that better results would stem from a less radical mode of attack.

✪

One reason some medical groups find it difficult to sell voluntary health insurance these days is that payroll deductions are usually part of the plan. Theoretically, the payroll deduction

affords a painless way of buying any kind of insurance. But solicitors for these plans have discovered that some workers now have as many as six deductions already—to wit: old-age benefit, unemployment compensation, group hospitalization, group life insurance, defense bonds, and union dues.

"How about a little money to live on?" the beneficiary asks.

✪

The patient who owes for medical service and who pays no attention to the collection efforts of his physician will often respond with alacrity when dunned on the letterhead of a credit bureau, lawyer, or collection agency. As a matter of fact, the very first letter sent out on such a letterhead usually brings a sizeable volume of returns.

A number of physicians have come to appreciate the psychological soundness of this approach. Here and there a few are following the routine procedure of paying a law firm or collection agency a nominal fee to send a form letter on the firm's stationery to each of their accounts over a certain age.

One practitioner has even gone through the motions of establishing his own collection company so as to be able to dun delinquents on stationery that will command their attention; a lawyer, for a small consideration, signs the mail and provides a suitable business address.

These methods, are, of course, the exception. Medical men generally follow the more common custom of giving their hard-to-collect accounts directly to a collection agency. Even among these men, however, there are many who realize that the first letter from a collector elicits the highest response and who believe therefore that on collections which result from this first effort the agency should reduce its charges.

It is encouraging to note that at least one national collection agency has realized the fairness of this point (see page 138) and has agreed not merely to reduce its charge for the first letter but to eliminate the charge altogether. Other agencies will do well to follow suit.

✪

The social reform element continues to clamor for the abolition of free choice of physician, or at least for the establishment of a system inconsistent with free choice. Yet let one of the clamorers get an ulcer of the stomach or a disease of perplexing severity, and he promptly hies himself to some nationally-known clinic or physician in whom he has confidence. The Mayo Clinic, Johns Hopkins, the Lahey Clinic, and others like them are bulging with well-intentioned patients who see no reason why free choice of physician should be granted to others but who make sure to retain that priceless prerogative for themselves.

IT'S "Smoothage" WITH Metamucil-2

The evolution of constipation therapy through the stages of cathartics, salines, "roughage" and oils to the present physiologic treatment with "Smoothage" represents the constant aim toward correction rather than palliation.

Metamucil-2

has achieved this aim because it provides Smoothage and nothing else—no irritant chemical stimulants; no dehydrating salines; no harsh roughage; no leaky or vitamin-depleting oils.

Metamucil-2

is a highly refined product. Its mucilloid softens the fecal residue and protects the gastrointestinal mucosa. The bland mucilaginous gel afforded by its combination with ingested water encourages physiologic evacuation.

Metamucil-2 **(GREEN LABEL)**

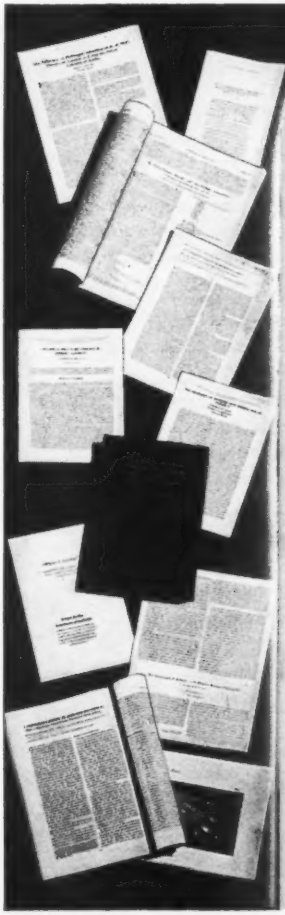
is a palatable and quick-mixing fine powder, supplied in 1 lb., 8 oz. and 4 oz. containers.

Dosage: One rounded teaspoonful in water, followed by an additional glass of water.

G. D. Searle & Co.
Ethical Pharmaceuticals Since 1888
CHICAGO

There is No Substitute

IN THE TREA



IN every clinical report where favorable results have been obtained with "high potency" D in the treatment of arthritis, Ertron is definitelv referred to as the product used.

Only with this ethical product can you "Ertronize" the arthritic patient. This means giving the maximum, effective dosage without toxic effects.

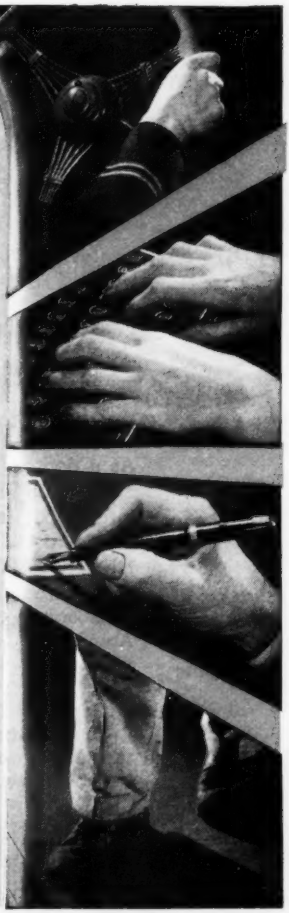
Ertron is a special, high potency activated vaporized sterol (Whittier Process) patented by us and issued only in our distinctive two-color, hard gelatin capsules.

The brilliant clinical record of Ertron extends over a period of six years, during which time many thousands of patients in private practice, in addition to the hundreds of cases reported in the literature, have benefited.

r ERTRON

Reg. U. S. Pat. Off.

ENT OF ARTHRITIS



ronize Your Arthritic Patients

e outstanding performance of Ertron is
t observed when the patient is kept on
maximum tolerated dose.

Ertronization is a systemic treatment.
appearance of the arthritic joint mani-
tations follows the improved sense of
ll-being and increased capacity for mus-
lar activity.

This systemic action explains the superi-
ity of Ertron over analgesics and coal tar
ivatives in arthritis.

ERTRON is available in bottles of
and 100 capsules.

ducts of Nutrition Research Laboratories are
ted only through the medical profession.

TRITION RESEARCH LABORATORIES
0 Peterson Avenue Chicago, Illinois

He won't be so STIFF tomorrow

To Help Reduce Fatigue Acids Suggest Patting on Absorbine Jr.

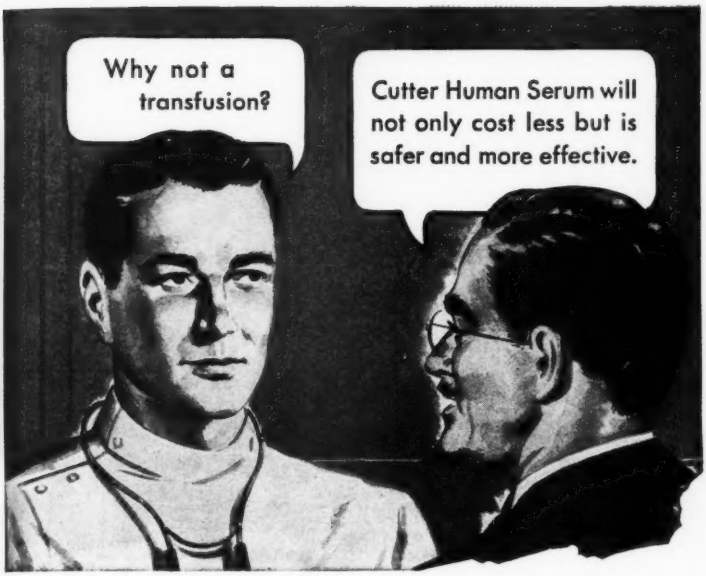
As a doctor, you know that a lot of unnecessary pain and discomfort can be prevented by ridding overtaxed muscles of fatigue acids. By stimulating a fresh flow of blood through the peripheral vascular system, Absorbine Jr. *speeds the removal* of waste products that distend *many* stiff, tired muscles.

Laboratory tests have established the effectiveness with which Absorbine Jr. acts to accelerate the blood flow in peripheral vessels. This acceleration does not cause stasis. And because Absorbine Jr. contains no strong irritants, its application is unaccompanied by painful burning.

Your patients will welcome your suggestion to use cool, stimulating Absorbine Jr. to relieve muscular discomfort.

Upon receipt of your professional letterhead, we will send you a generous sample bottle of Absorbine Jr. W. F. Young, Inc., 207 Lyman Street, Springfield, Mass.

ABSORBINE JR.



CUTTER *Human Serum & Human Plasma now cost less than donor fees!*

Cutter stock human serum and plasma, made available a year and a half ago as a substitute for emergency transfusion, then cost nearly fifty dollars per 250 c.c. flask. Tremendous demand has made possible successive price reductions, which now bring these flasks to your hospital well under the usual donor fees.

Now costing less than whole blood and averting the dangers of emergency transfusions, these tested Cutter products, in many instances, are therapeutically superior to whole blood.

Cutter Human Serum and Human Plasma are not the by-products of a blood bank. They are prepared from *fresh* blood from healthy white fasting donors.

Speak to your hospital today about stocking Cutter Human Serum and Human Plasma—available from Cutter, Saftiflask distributors throughout the country.

Net price to institutions

250 c.c. Saftiflask	$19.80
50 c.c. flask	4.80

CUTTER Laboratories • BERKELEY CHICAGO NEW YORK

SYNTROGEL TABLETS

THE QUICK ACTING
PLEASANT TASTING
SCIENTIFIC REMEDY
FOR HYPERACIDITY
AND FLATULENCE

THE chief ingredient of Syntrogel Tablets is an aluminum hydroxide of unusually high adsorptive capacity. Syntrogel Tablets also contain Syntropan, the Roche synthetic antispasmodic which gives atropine-like and papaverine-like therapeutic effects without mouth-dryness, tachycardia, or mydriasis. One or two tablets, with a glassful of water, taken immediately on the appearance of hyperacidity or flatulence, is all that is required in most cases. This dose may be repeated, if necessary. The tablets may be chewed, or swallowed whole, or allowed to dissolve in the mouth. • • • HOFFMANN-LA ROCHE, INC., ROCHE PARK, NUTLEY, N. J.

mel141

HOFFMANN-LA ROCHE, INC., NUTLEY, N. J.

Gentlemen:

Send me a trial supply of Syntrogel Tablets.

Dr._____

_____

EDITORIAL

Boom-time business policy

For the first time in their lives many physicians are finding out what it is like to practice medicine during a business boom. Ever since 1929, "hard times" have been held responsible for unsatisfactory collections, scarcity of patients, and lack of funds with which to equip or expand. Now hard times are no more. Prosperity, albeit artificial, is here again. Employment has hit an all-time peak. Wages are being pegged at higher and higher levels. Money is circulating at a rate never witnessed before.

The defense program can truthfully be said to be giving the public an economic transfusion that will probably not be equalled again within our life span. The next few months may thus represent a now-or-never opportunity for physicians to collect their bills and accumulate funds for the post-war depression that is most certainly to follow.

Not only must the lean days after the war be planned for, but we must also face the immediate problem of keeping up with steadily rising prices and paying radically increased taxes. Realism, not pessimism, forces the conclusion that these drains will go a long way toward offsetting any added income.

Today, as never before, each of us needs to make an objective reappraisal of his business policies. Such a reappraisal may well lead us to such conclusions as the following:

Under present conditions, don't carry patients too freely. Minimize the extension of long-term credit. Make a concerted effort to collect all accounts now outstanding. A few people are still in straitened circumstances, but most of them can now afford to pay their medical bills.

Be less hesitant about asking a fair fee for services rendered. Make it a point to charge for some of the many extras given gratis in the past. As price rises continue, some increase in physicians' fees will be justified; these increases can and should be instituted without apology or embarrassment.

The foregoing changes in policy are not dictated by a mercenary desire to charge whatever the traffic will bear or to be unprofessionally hard-boiled. They are simply part of an intelligent, long-range program which may allow the physician—if he is lucky—the modest privilege of breaking even.

H Sheridan Baketel

Rehabilitation heralds Federal health program

BY PATRICK O'SHEEL

✪ A program of Government-subsidized medical treatment for rejected draftees was christened with noisy ceremony at a White House press conference last month. Officially, President Roosevelt launched a modest plan for rehabilitating 200,000 physically deficient Selective Service registrants. But of more significance than the immediate proposal is the Administration's belief that rehabilitation will have an expansive career.

The program announced by the President had been broached to him several days previously in a report from Brig. Gen. Lewis B. Hershey, director of Selective Service. The report may be summarized in a paragraph:

"Approximately 900,000 [45 per cent] of 2,000,000 registrants examined for induction were found to be physically or mentally unfit. Of this number, about 200,000 [22 per cent] can be completely rehabilitated. Although still others can be rehabilitated for limited service, the initial objective will be the 200,000 who can be made available for general military service at small cost and in a reasonably short period of time. The registrant may have the necessary treatment performed by his family physician or dentist. The Federal Government will make additional funds available to Selective Service to carry out this program."

The President added almost no facts to this report. He gave no figures on the cost of the plan. Nor did he say to what extent private physicians will be paid for rehabilitative care. By breaking the news himself, however, he assured it maximum possible publicity while stressing the theme—long dear to the Administration—that the U.S. needs a long-range health program.

The Chief Executive said the conditions revealed by Selective Service examinations constitute an indictment of America. He clearly intimated that the proposed rehabilitation program is only a step toward Government-subsidized medical care along much broader lines.

Acceptance of the Selective Service plan culminates many months of tub-thumping by such Administration spokesmen as Surgeon General Thomas Parran Jr. of the U.S. Public Health Service and Federal Security Administrator Paul V. McNutt. Apparently, it puts an end to recent squabbles as to which Federal agency should be awarded the initial rehabilitation program. The army, the CCC, and the Public Health Service all had been prominently mentioned for the assign-

ment. The CCC and the NYA, which already have national medical-care programs of limited scope, are still very much in the running for a major role in future expansion plans. So is the Public Health Service.

In reclaiming 200,000 registrants, Selective Service is undertaking a task considerably smaller than that originally foreseen by the Health and Medical Committee of Mr. McNutt's Office of Health Defense and Welfare Services.* The size and cost of the program, as estimated by the committee in July, are now being revised downward on the basis of spot surveys conducted by Selective Service. Politically speaking, the wisdom of limiting the plan at this stage is well reflected in the following remark made to the writer by an official Government spokesman: "As it was originally proposed, it looked too plainly like socialized medicine."

When cost surveys are completed, a standard re-examining routine and a fee schedule must be decided upon before rehabilitation can be put into full operation. A.M.A. recommendations will be considered in determining the fees to be paid by the Government. Payments to doctors, clinics, hospitals, and dentists are contemplated in cases where the registrant cannot afford to pay his own way. Registrants who have no family physicians will very likely be referred to public clinics. This is the procedure currently followed by a New York City rehabilitation program in operation since June.

A large proportion of the first 200,000 registrants to receive treatment will go to dentists rather than to physicians. Dental defects offer the best opportunities for quick corrective action. How this category tops all other causes of rejection is strikingly shown in the breakdown of the 900,000 cases rejected out of the first 2,000,000 registrants examined:

Cause	*No. of cases*	*Per cent*
Dental defects	188,000	20.9
Defective eyes	123,000	13.7
Cardiovascular diseases	96,000	10.6
Musculo-skeletal defects	61,000	6.8
Venereal diseases	57,000	6.3
Mental and nervous diseases	57,000	6.3
Hernia	56,000	6.2
Defects of ears	41,000	4.6
Defects of feet	36,000	4.0
Defective lungs, including tuberculosis	26,000	2.9
Miscellaneous	159,000	17.7
Total	900,000	100.0

A sizeable number of eye cases will be designated by local boards for correction with glasses, to permit performance of specialized army work. Records of registrants afflicted with heart diseases, musculo-skeletal defects, and mental and nervous disorders will be reviewed, and doubtful cases will be examined by traveling army medical boards. Curable cases will be recommended for immediate treatment.

President Roosevelt said at his press conference that he expected a majority of those needing treatment would be glad to get it. He added, however, that there is ample authority for handling recalcitrants. Presumably the authority referred to would consist of branding recalcitrants as malingerers, and inducting them anyway. Whether this will actually be done is questionable, because the army doesn't want malingerers.

*Formerly the Office of the Coordinator of Health, Welfare, and Related Defense Activities.

Effects of draft-exam order

Many local board physicians to be retained under single examination system

Local draft board physicians who wonder about the effect of the recently announced single examination system, slated to be in nation-wide operation by January 1, are not alone in their uncertainty. At this writing, State Selective Service medical officials have received only meager details. Though foreshadowed by rumors and by the Ohio Plan reported in MEDICAL ECONOMICS last month, the new program appears to have been unveiled in Washington before working blueprints had been completed.

Scrapping the system of two examinations—one at the local board and one at the army induction center—is a logical step. It never was geared to a long-range training program. In spite of sincere efforts to make it work, its history is cluttered with misunderstandings, hard feelings, and hardships among draftees, the army, and volunteer physicians. New evidence of dissatisfaction among local board examiners is included later in this article.

When the revised plan gets under way, registrants will receive only one full examination, given by army doctors assigned to newly designated areas within each State. However, many local board physicians will be asked to remain at

their posts to perform screening examinations to weed out the obviously unfit. Just how demanding these physical tests will be remains to be seen.

Washington officials interviewed by MEDICAL ECONOMICS say there's no doubt that the number of civilian physicians now aiding Selective Service will be reduced. One authoritative opinion holds that "at least" one physician for each local board will be released.

The reduction in volunteer physicians is likely to be greatest in urban areas, where screening examinations may not be necessary, and least in rural areas, where preliminary exams can save defective registrants unnecessary travel. The amount of time required from private doctors who continue to serve may also be reduced.

The official announcement of the new plan reveals one conspicuous omission: There is no mention of what is to be done with those civilian physicians—mostly specialists—who are now employed at $15 a day to assist army examining teams. If they are released, the army will have to shoulder an added burden. Whether or not enough medical officers can be made available to carry such a load is still a moot question.

It is the belief of some State draft officials that the number of $15-a-day physicians will have to be increased. Others argue that any scarcity could be met by assigning reserve medical officers on active duty to fill in as part-time examiners. It is even believed possible that present local board doctors may be given some limited army status in order to obtain the required examiners. Traveling medical teams may largely solve the personnel problem in the smaller States.

What are the probable effects of the new procedure upon the various groups involved?

The gain for registrants is obvious. They will be given a single, final decision on their physical eligibility. The time interval between examination and induction will be lengthened so that they may conclude their personal affairs with less inconvenience.

For the 26,000 volunteer medical examiners, the future appears to turn on these three contingencies:

1. Inasmuch as fewer volunteer physicians will be needed, there's opportunity for those now dissatisfied with this work to resign—and to do so without incurring the stigma which such action might currently involve.

2. A substantial number of private doctors will still be required to perform screening examinations, and they will presumably contribute their services under essentially the same circumstances as at present. Chief amelioration for them will probably be lighter hours.

3. There is also an outside chance that *if* the army has to add civilian doctors to its examining units, present local board examiners may be given an opportunity to secure such appointments at the $15-a-day rate.

Pertinent to the final ironing out of the draft examining system are the responses received from a questionnaire addressed to local board physicians in MEDICAL ECONOMICS' September issue.

The chief finding was that over 90 per cent of the 537 local examiners who volunteered answers were dissatisfied with the two-ex-

[*Continued on page* 118]

Are reprints read?

Or do they go straight to the wastebasket? Here's some eye-opening evidence.

✪ "Many reprints are flagrant solicitations of referrals. . ." "They're a sound way to exchange scientific findings..." "Some reprints I receive are just cheap self-advertising..." "Often a valuable educational factor. . ."

These quotations, taken at random from the notes of MEDICAL ECONOMICS reporters, do more than prove that doctors differ. They suggest that the professional custom of sending out reprints of technical articles is being critically re-examined by an increasing number of physicians.

By means of personal interviews with an assortment of medical men in large metropolitan areas where reprint mailings are heaviest, MEDICAL ECONOMICS sought to learn how many reprints physicians receive each month, what reception they win, and what various practitioners think of the custom of distributing them. The findings can be epitomized in a sentence:

Although almost half of all reprints are thrown away unread, and though reprints rarely result in referrals, they are none the less a respected medium for exchanging scientific data.

Seven reprints a month, on an average, are received by the physicians interviewed. The variation is extensive; several men find but two or three in their monthly mail, while others get as many as fifteen to twenty.

The vast bulk of all reprints arrive unsolicited. Most come from writers not personally known to the recipients. In fact, acquaintanceship between writer and recipient appears to exist only about one fifth of the time.

These are matters of comparative indifference to many physicians. On the other hand, by an articulate minority, the sending of unrequested reprints is vigorously protested. A typical protest, from a specialist: "I think it's a nervy thing to do—it smacks of an attempt at self-glorification." A similar view: "I have a reaction against it. I'd much prefer to select myself what articles I wish to save."

Approximately 46 per cent of the reprints received by the men interviewed are tossed in the wastebasket with little more than a quick glance at title and summary. Main reasons given for this cursory disposal include lack of time, distrust of the

sender's motives, and disinterest in the subject covered. A subordinate reason frequently cited by general practitioners is that "too many reprints are obscurely technical or of dubious value to a man in actual practice."

The wastebasket also claims a large majority of those reprints which actually are read. The remainder, less than a tenth of the total, are read carefully and filed for future reference.

Whether sending out reprints actually brings in patients has long been a disputed point. A small group of physicians admit that they occasionally refer cases on the strength of a notably brilliant reprint.

However, their testimony is heavily outweighed. Most evidence shows that reprints are an inconsequential factor in selecting physicians for referrals.

This verdict is corroborated by doctors who send out reprints extensively. In the words of a representative spokesman of this group: "They're mostly read by your friends, and your friends will send you cases anyway. Others want to know more about you than usually is gleaned from a sketchily read reprint."

Medical men who make a practice of sending out reprints stress the need of building up a selected mailing list. Such a list may include colleague-friends, doctors known to have an interest in the topic, men who have previously requested reprints, fellow staff-members, erstwhile classmates, and so on. Generally frowned on is the not so rare practice of scattering reprints wholesale among local physicians. Opinion on this point is reflected by a specialist who said:

"Reprints of my articles are sent only to men in the same or closely related fields, *i.e.*, to my competitors. I feel it would be improper to send them to general practitioners since it might seem like self-advertisement. Besides, few G.P.'s have time to interest themselves in highly technical works."

The traditional reason for mailing reprints is of course a desire to share valuable findings within the profession. Yet almost as traditional is the cynicism which defines reprints as a device to drum up referrals.

In actual practice, the motive most often put forward is a desire to achieve professional prestige. Within this definition there occurs a whole spectrum of coloration—ranging from a wish to prove one's skill, imagination, and technique, to an unabashed effort to secure more referrals.

Worth recording is the lack of agreement as to whether such motives are unethical. Opinions on the point tend to become finely drawn. Thus one physician, frankly admitting he finds reprints a source of referrals, declares: "It's a sensible and ethical way of keeping your name before the profession locally. And it's quite legitimate advertising, because reprints go only to doctors."

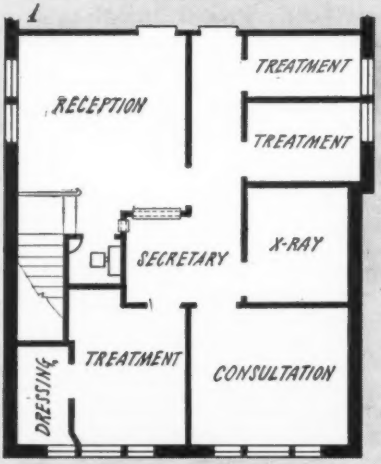
Those who dispute this reasoning argue that any man's need for recognition or prestige should be filled by the acceptance and publication of his article in a respected medical journal.

Generally speaking, the prestige-building motive is regarded with only limited approval. More wholehearted acceptance is found for the desire to inform the profession of special findings.

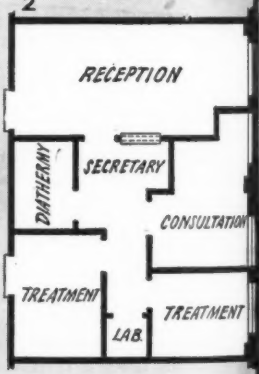
SIX MODEL FLOOR PLANS

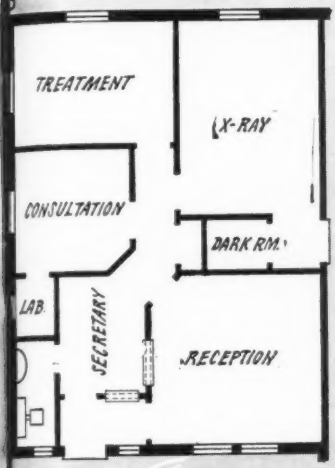
✪ A wide range of preference among various office types is covered by the half dozen model floor plans pictured here. Plan 1 is the over-a-store suite of Dr. David Friedman, Detroit. Second plan, adapted for an office building, is that of Dr. J. W. Harper, El Dorado, Ark. Plans 3 and 4, both home-offices, are used by Drs. Saul Naidorff, Plainfield, N.J., and T. W. Wilson, Zelienople, Pa. Fifth is the bungalow office of Dr. E. B. Gill, Algiers, La. (note separate entrance to Negro reception room). Plan 6 shows a professional-building office.

1

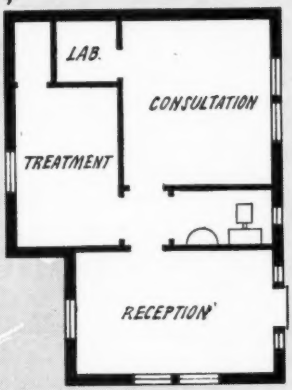


2

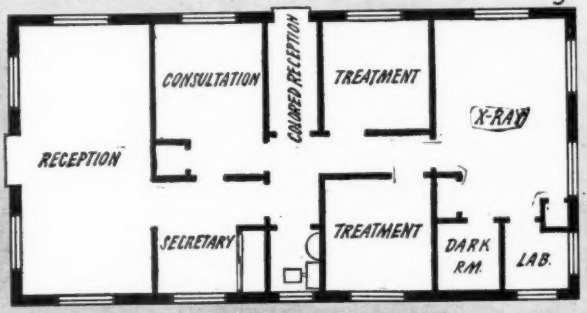




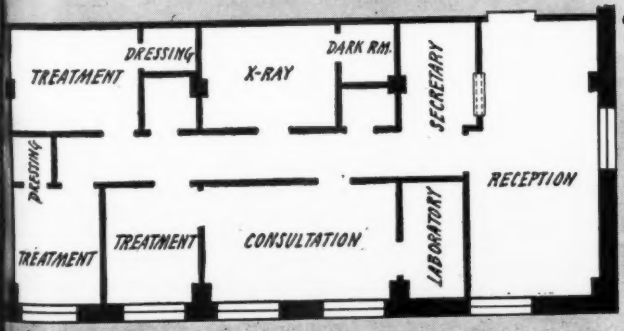
4



5



6



SCALE:
1/4"=3'0"

Your legal questions answered

BY HARRY HIBSCHMAN, LL.D.

✪ QUESTION: *Is it permissible for a medical student to practice with a licensed physician during the Summer between his junior and senior years?*

ANSWER: In a few States, such as Iowa, a medical student is allowed to practice with a licensed physician after a stated number of years in an approved medical school, provided his activities are constantly supervised by the physician and any prescriptions he may write are approved or countersigned by the physician. In California and some other States, a student may treat "the sick or afflicted as a part of his course of study" but without compensation. In a few States, as for example New York, students attached to public hospitals may practice in a limited manner. More generally, however—and this applies to Alabama, from which the question above originated—students may engage in the practice of medicine only under the conditions governing internes in hospitals and charitable institutions. It has frequently been held in such States that it is no defense under a prosecution for practicing medicine without a license that the defendant was a student, or even a medical school graduate acting under the supervision of a licensed physician.

QUESTION: *In an effort to collect a bill for medical services, may a physician take up the matter with the delinquent patient's employer, provided he first notifies the patient of his intention?*

ANSWER: This exact question has never been before the courts of many States—including Ohio, from which this question comes. Nevertheless, there have been a number of cases in which a debtor was given a judgment for damages under similar circumstances—*e.g.*, where

---

If you're confronted with a medico-legal question of common interest, submit it to MEDICAL ECONOMICS for reply. Although personal legal advice cannot be given here, every effort will be made to throw light on legal problems with which physicians generally are concerned. Dr. Hibschman is a member of the bar of the States of Washington and Illinois, and was, until lately, on the faculty of the John Marshall Law School. He has addressed audiences over the radio or from the platform in virtually every State. Articles by him have appeared in such popular and professional periodicals as the Atlantic Monthly, the Forum, Harpers, Esquire, and the United States Law Review.

the creditor wrote to the debtor's friends, relatives, and employer, and tried to force payment in that manner. In some instances such letters have been construed as libel; in others, as an invasion of the debtor's right of privacy. In still others recovery has been allowed on the ground that the creditor's acts amounted to malicious interference with the debtor's relationship to his employer. The trend today is definitely against the kind of coercion mentioned in the question, and it is not safe to resort to it. [This, however, does not deprive the physician of what is often a good psychological lever; for he may still imply an intention to consult the employer without actually doing so.—ED.]

QUESTION: *Can a hospital hold a physician responsible for a patient's bill if the physician has vouched for the patient's financial standing?*

ANSWER: The rule applicable to a doctor in such a case is precisely that which would be applicable to any other person, for example a relative or a stranger. It is that merely "vouching" for the financial responsibility of the patient does not render anyone liable for the patient's bill. Liability of a third person can be predicated only upon an actual and definite guarantee or promise; and, in most States—including New Jersey, from which this question was received—such a promise has to be in writing.

QUESTION: *A married man with gonorrhea asks the physician not to send the bill to his residence. The physician complies, but the bill remains unpaid. The doctor eventually concludes that the patient is a deadbeat. May he under such circumstances then send the bill to the residence?*

ANSWER: It would be a serious mistake to do so. Since the doctor has been particularly requested not to send the bill to the residence, his only object in mailing it there would obviously be to coerce the debtor into making payment. As stated in the answer to a preceding question, coercive methods of collection have been frowned upon by the courts; in fact some very substantial verdicts have been recovered and sustained. Furthermore, in about two-thirds of the States, the sending of such a statement, revealing the fact that the treatment had been for gonorrhea, would probably constitute criminal libel if it fell into the hands of the debtor's wife or some other person.

While the rule that communications between physician and patient are privileged operates only in judicial proceedings, the statutes of many States make the license of a physician revocable if he is found guilty of the "willful betrayal of a professional secret." There is little doubt that the action proposed by the physician who asks the foregoing question would be considered just such a willful betrayal.

QUESTION: *May physicians in all States legally prescribe the use of contraceptives?*

ANSWER: The courts have liberalized their interpretation of the law on this subject. Most States now, either by statute or by judicial decision, designate physicians as being allowed to prescribe preparations or devices to prevent conception. Connecticut is the one State in which the *use* of contraceptives is prohibited. Its Supreme Court, as lately as March 1940, refused to

read any exception into the statute, reversing the action of a lower court which had dismissed information charging certain doctors and nurses with conducting a birth control clinic. The Supreme Court took the position that, even though in the opinion of a reputable physician the "general health" of a woman might be affected by pregnancy, that was not sufficient ground to justify the physician in prescribing the use of contraceptives. This leaves the question still open in that State as to whether or not contraceptives may legally be prescribed to preserve a woman's health specifically rather than generally. The answer will have to await another test case.

Federal statutes of course prohibit the mailing of any object, drug, or device intended to be used for the prevention of conception. The federal courts have held, however, that it was not the design of Congress "to prevent the importation, sale, or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the well-being of their patients." So far as federal law is concerned, therefore, contraceptives may be imported, advertised, sold, and sent through the mails when intended to be used by licensed physicians for prevention of disease, preservation of health, or saving of life.

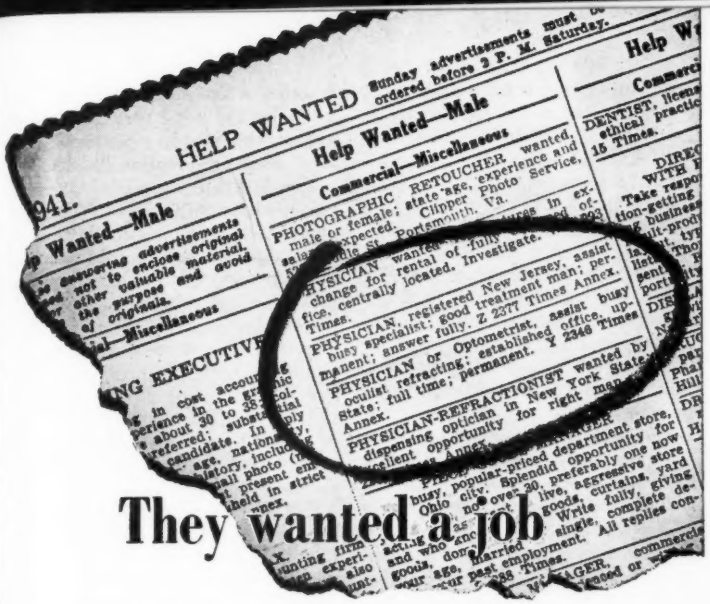
QUESTION: *Is it the legal duty of a physician to advise a patient that there is a possibility or probability that he will experience better results from treatment by a specialist?*

ANSWER: It may be stated as a general rule that if a physician discovers that a patient's ailment is beyond his knowledge or technical skill or beyond his ability to treat with a reasonable likelihood of success, it is his duty to disclose the facts of the situation to his patient or to advise him of the necessity of securing other treatment.

In a case decided by the Supreme Court of North Dakota, a physician had treated a patient for an injury consisting of a spiral fracture of the tibia and a rough transverse fracture of the fibula of the left leg. He had assured the patient over a period of five months that the leg was "coming along fine" when such was not the case. He had not advised the patient to consult a specialist nor made any effort to obtain the assistance of one. The court, finding the doctor liable, remarked:

"He must have known. . .that there was no union and that union was unlikely. Notwithstanding this, he did not inform the plaintiff of the seriousness of the situation. . . He did not inform him of his true condition. Neither did he inform him as to another method of treatment that was accessible within easy reach. According to the evidence, the defendant recognized at once when he was informed of the plaintiff's consultation with Dr. O. that the situation required the services of a specialist, but he had never called this to the attention of the plaintiff before."

[When the answer to a legal question is not the same in all States, the author cites such interpretations of the law as predominate, plus the law of the State from which the question was received. If you want to know the answer in your State to any question published, simply write Dr. Hibschman in care of MEDICAL ECONOMICS.]



They wanted a job

If you're answering a "Physician Wanted" ad, make sure to avoid these mistakes

"WANTED: Physician for full time office work; steady employment. Box 278."

These are the exact words of a classified advertisement inserted recently by a doctor seeking an assistant.

The ad drew ninety-nine replies. Roughly a third of these were carefully prepared applications, and it was from this group that candidates were selected for interviews. The other two-thirds spoke badly for the writers. As the physician who advertised put it: "If there's one thing to be learned from these letters, it's how not to answer an advertisement!"

The commonest fault of applicants was to imply that they were doing the advertiser a favor. "You've advertised for a physician. Show me what you have to offer; then I'll consider whether or not I want it." That was the attitude of many, as reflected by these quotations:

"Send me, immediately, complete written details." Or: "Arrange an interview. Tuesday morning will suit me."

Other applicants failed to give specific information about their training and experience. Said one:

"I graduated from a leading medical school, held a rotating internship and a residency in a major hospital, and now occupy an important position with a pre-eminent colleague."

What school? What hospital? When? Not finding the answers, the advertiser promptly threw the

application in the wastebasket.

Then there were letters which fairly oozed over-confidence:

"I know I'm just the man you need. I am trustworthy, honest, and conscientious. I've had the best possible training in internal medicine, surgery, venereal diseases, X-ray, endocrinology, and other fields."

Some respondents fell back on personal appeals or other irrelevancies. Said one:

"I need this job because I am overburdened with family financial problems."

Another naively admitted:

"I am applying for this position because my practice is poor."

Both these applicants failed to realize that the prospective employer is more interested in what a man can do than in his reasons for needing a job.

Less than a third of the applicants specified their age. A handful included other facts, such as date of graduation from medical school, from which their age could be approximated. The remainder—more than half—gave no clue whatever to this important fact.

Less than half the replies were typed, and many of those that were had been marred by crossed-out words, dirty type, and crowded margins. Several of the handwritten letters (one was in pencil) were almost undecipherable, and some of the signatures would have challenged a handwriting expert.

Stationery ranged from the finest bond to the cheapest foolscap. Several letterheads had addresses and telephone numbers so scratched out and corrected that the original effect of neatness was nullified.

One man, believe it or not, used a sheet of child's note paper illustrated with a pert yellow chick! Another wrote on the stationery of a hotel—and not a very good hotel at that. One sent in a postcard, and three used prescription blanks.

The foregoing applications compared sadly with others that were neat, intelligent, and to the point. Undoubtedly the percentage of good letters was higher than in most newspaper responses. Nevertheless, the analysis seems to indicate that at least some medical position-seekers might profitably consult the following check-list:

1. Remember that you are one of many applicants. Always consider the advertiser's time, convenience, and viewpoint.

2. Give specific facts in outlining your training and experience. If you feel it's necessary, you can ask that your reply be held confidential.

3. Be sure to mention your age. If you don't, the advertiser will probably assume that you are too young or too old.

4. Even if you need the job badly, don't stress the point. The advertiser is chiefly interested in what you can do.

5. Don't overdo references to your character and ability.

6. Type your letter, double spaced, on one side of the page, and make the signature legible.

7. Select your stationery with care. Lincoln may have written the Gettysburg Address on a piece of wrapping paper, but he wasn't applying for a job.

8. Remember that your letter is all you have to express your personality. Make it look as *you* like to look—neat and clean. And phrase it to give the impression *you* give—that of being orderly, capable, and sincere.

—NORMAN R. GOLDSMITH, M.D.

Army Faces M.D. Shortage

Reservists ordered to remain on duty; plans rushed to recruit more physicians

✪ Because there is an acute shortage of medical corps reserve officers, physicians now on active duty with the army face indefinite extension of their service.

Latest figures on the shortage problem were reviewed by this correspondent at the Surgeon General's Office last month. Present army requirements for reserve doctors total 10,700. Only 9,076 are on active duty, leaving a shortage of 1,624.

Recent enactment of the Service Extension Law saved medical corps officials from the much gloomier prospect of having to replace some 4,500 reserve officers upon completion of twelve months' service. War Department policy still favors releasing these men after one year; but with no replacements in sight, physicians currently on active duty have been ordered to remain in service for as long as they are needed, up to the additional eighteen months set by the new law.

While service extension enables the medical corps to skimp along for the time being, revision of Selective Service age limits has seriously complicated the recruitment of new officers. Within a short time after the new regulations became effective, over 200 physicians who earlier had expressed a desire to serve in the medical corps cancelled their applications. All of these men were 28 years of age or older and therefore no longer subject to draft induction. Some of them previously had been deferred by Selective Service on the basis of their promises to accept commissions when called. Knowledge of such cases is not likely to improve the morale of physicians now doing their stint in uniform.

To make up for the loss of potential officers in the ages from 28 through 35, the army must count more than ever on young newly licensed physicians. It is probable that medical school officials will be asked to withhold Selective Service deferment recommendations from students who refuse to accept commissions in the medical department administrative corps. Upon graduation, students who do not accept transfer to the medical corps as *first* lieutenants will be called to active duty as administrative corps *second* lieutenants.

When service extension was voted, the limit on the size of the army was also lifted. So that the medical corps now faces keeping up with further army expansion.

Selective Service probably will induct about 648,000 men in its second year of operation, according to figures obtained by the writer.

[*Continued on page* 55]

Early transfusion experiment: Ten ounces of blood were withdrawn from the subject, replaced by twenty from a lamb's femoral artery.

NECESSITY, THE MOTHER

✪ Many of the procedures recorded in medical history reveal an ingenuity that quite overshadows their primitiveness. Perhaps our own experimentation, viewed in time's perspective, will seem similarly unenlightened. May it bespeak equal resourcefulness.

Photoprints from the Bettmann Archive

Dr. Chambon, a Brooklyn (N.Y.) physician, vaccinates patients with virus taken directly from a calf. *An 1872 woodcut.*

Galen explains how to give an enema. *15th century manuscript.*

Laennec experiments with the first stethoscope. *1819.*

First pictorial record of an amputation. *German woodcut, 1528.*

The net increase in the number of draftees in training is expected to be close to 150,000. Army medical officials are counting on the probability that this increase can be absorbed in the existing training framework with minor redistributions of physician-officers. But the expansion will postpone an early return to civil life for doctors in uniform.

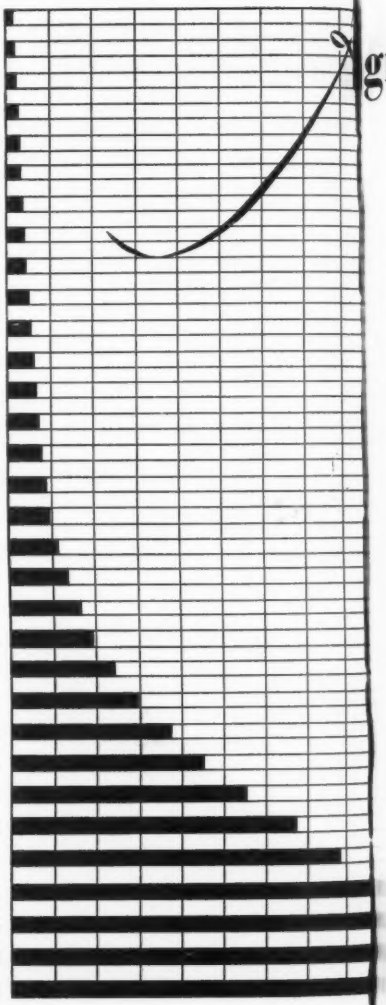
Medical corps officials are attempting to meet the shortage problem by every available means. Their first objective is to squeeze the greatest possible number of active duty assignments from the group of 4,000 reserve medical officers who have not been called up. Of these men, 1,500 cannot be called until they complete one-year interneships. About 500 more hold commissions as colonels or lieutenant-colonels, whereas the need is for lieutenants, captains, and majors. The remaining 2,000 are so-called "untouchables"—men who have been deferred on grounds that they are doing essential civilian work.

These 2,000 are for the most part physicians connected with the Public Health Service, Veterans Administration, State health departments, medical school faculties, and similar organizations. Their deferments are being reviewed, and borderline cases will be called into service. Records

[*Continued on page* 108]

CHART 1P

Gross income brackets	Percentage of physicians in each income bracket
$30,500 or more	.7
29,500 or more	.9
28,500 or more	1.0
27,500 or more	1.1
26,500 or more	1.2
25,500 or more	1.3
24,500 or more	1.5
23,500 or more	1.8
22,500 or more	2.1
21,500 or more	2.4
20,500 or more	2.7
19,500 or more	3.5
18,500 or more	4.0
17,500 or more	4.8
16,500 or more	5.7
15,500 or more	7.0
14,500 or more	9.1
13,500 or more	10.9
12,500 or more	12.9
11,500 or more	16.4
10,500 or more	19.3
9,500 or more	24.1
8,500 or more	29.9
7,500 or more	37.2
6,500 or more	45.0
5,500 or more	54.9
4,500 or more	66.8
3,500 or more	78.1
2,500 or more	88.6
1,500 or more	95.6
500 or more	99.2
0 or more	100.0



Sample: 7,541. Year: 1939.

grouping of doctors by incomes

✪ What proportion of physicians gross more than $30,000 a year? $1,500 a year? $5,000 a year? Within what income brackets are most medical men situated?

The accompanying chart and table tell all. They are based on reports from 7,541 M.D.'s who took part in MEDICAL ECONOMICS' Survey of Medical Practice covering the year 1939.

The percentages of medical men with various gross earnings are shown cumulatively in Chart 1P and non-cumulatively in Table 1P. More than three quarters of all physicians, the chart indicates, have annual gross incomes of $3,500 or more. About half of them gross above $6,000. Almost a quarter gross more than $9,500. One per cent earn in the vicinity of $25,000-$30,000. Four per cent earn less than $1,500.

More physicians are in the $4,500-$5,499 gross income bracket than in any other, the table reveals. But many are also to be found in the brackets immediately above and below this. The fewest men are naturally in the very high and very low brackets. Those who gross either less than $500 or more than $30,500 a year, for example, amount to substantially less than one per cent of all physicians.

TABLE 1P

Gross income level	Percentage of physicians at each level
$30,500 and over	.7
29,500-30,499	.2
28,500-29,499	.1
27,500-28,499	.1
26,500-27,499	.1
25,500-26,499	.1
24,500-25,499	.2
23,500-24,499	.3
22,500-23,499	.3
21,500-22,499	.3
20,500-21,499	.3
19,500-20,499	.8
18,500-19,499	.5
17,500-18,499	.8
16,500-17,499	.9
15,500-16,499	1.3
14,500-15,499	2.1
13,500-14,499	1.8
12,500-13,499	2.0
11,500-12,499	3.5
10,500-11,499	2.9
9,500-10,499	4.8
8,500- 9,499	5.8
7,500- 8,499	7.3
6,500- 7,499	7.8
5,500- 6,499	9.9
4,500- 5,499	11.9
3,500- 4,499	11.3
2,500- 3,499	10.5
1,500- 2,499	7.0
500- 1,499	3.6
Under 500	.8
	100.0

Sample: 7,541. Year: 1939.

Borrowing on your insurance

BY BION H. FRANCIS

✪ The envelope looks personal. You open the letter. "Do You Need $300?" asks the XYZ Finance Company. Without reading further, you flip the solicitation into the wastebasket.

Nevertheless, you *do* want money for that new equipment, for a personal emergency, or perhaps to pay off an aggregation of small bills. Where to get some cash?

Here you pull out your life insurance policy. Under "Loans," you find that you may borrow from the insurance company up to the amount of your cash value.

"What is the cash value of my policy, then?" you ask yourself. The first page of the policy shows that it is a $10,000 contract issued early in 1932. Your premiums have been paid up to the next anniversary date in 1942, at which time the policy will have been in force for ten years.

So far so good. You turn now to an inside page where you discover a column headed "Cash surrender value for each $1,000 of face amount." Opposite "10 years," you note that the cash value is $200. Because this is for a face amount of $1,000 and yours is a $10,000 policy, the cash value is $2,000. You can borrow this amount less interest to the end of the current policy year.

Arranging for the loan is simple. You merely ask the insurance company or its local agency for a loan application. This you sign and return by registered mail, together with your policy. (If, when you bought the insurance, you did not reserve the right to change your beneficiary, the company will require the beneficiary also to sign the application.)

Under a law recently passed by the State of Massachusetts to license insurance advisers, the author was granted the only license in the Commonwealth to give advice on both life and accident-and-health insurance. In his capacity as an insurance consultant, Mr. Francis has helped literally thousands of individuals throughout the country with their insurance problems. He has lectured or given courses on insurance and related subjects throughout Massachusetts, at Cornell University, and elsewhere. He is the author or co-author of such books as "Life Insurance from the Buyer's Point of View," "How to Start a Life Insurance Program," etc. MEDICAL ECONOMICS will be glad to forward to Mr. Francis for reply any general insurance questions which are of common interest to physicians and which lend themselves to publication.

A week or two later the check for your loan will arrive in the mail. Sometimes the policy itself will be returned with the check. If so, it will be stamped to the effect that the policy is security for a loan.

Most policies issued today specify an interest rate on loans, amounting to 5 per cent. In the case of policies issued before 1939, the rate is usually 6 per cent. Since this is so, and if you have several policies, you may be able to effect minor economies by borrowing on the one with the lowest rate.

You can, of course, borrow money from your local bank, using your life insurance as collateral. Among the drawbacks are these:

(1) You may find it impossible to change your beneficiary while the policy is assigned. (2) You may have to revoke any option in the policy to pay your beneficiary in installments (at the policy holder's death, the bank wants its loan repaid as a lump sum).

The great advantage in borrowing from a bank is, of course, the lower interest rate obtainable. Rates quoted recently by several representative banks on a life-insurance-secured loan of $1,000 ranged from 4 to 4½ per cent. The interest on larger loans is still lower.

Policy loans, once made, tend to remain in force as long as the policy itself is carried. Whenever you make a policy loan, therefore, place a memorandum in your appointment book to review the loan a year later. If you have not repaid it by then, try to devise some means of doing so.

The loan need not be repaid all at one time. Most insurance companies accept installments as small as five or ten dollars. Yet suppose, even at that, you cannot repay the loan out of income. What then?

The thing to do in that case is to consider what changes can be made in your insurance or investments to eliminate the loan. This is especially important if the loan was obtained from an insurance company at 5 or 6 per cent rather than from a bank at a lower rate.

In the event that you hold securities, perhaps some of them can be sold. It is scarcely logical to retain a $1,000 bond paying 3 per cent if, at the same time, you are paying 6 per cent on a $1,000 policy loan.

Perhaps you have allowed dividends to accumulate. If so, you possess a dividend fund which today is probably not earning much more than 3 per cent. That being the case, it would be to your advantage to use this fund to pare down a policy loan bearing interest at 5 or 6 per cent.

Another way to reduce or eliminate a policy loan is to replace any limited-payment life or endowment policies you may have with ordinary life.*

To illustrate:

Suppose you obtain a $10,000 twenty-payment life policy at age 35. Ten years later, at age 45, the policy has a cash value totaling $2,550, of which you have borrowed $1,000. You see no immediate prospect of repaying the loan, so you ask the company to replace the $10,000 twenty-payment life policy with a $10,000 ordinary life policy, also issued as of age 35. Because the cash value of the ordinary life policy is $1,460 while that of the twenty-payment life policy is $2,550, the difference ($1,090) will be refunded to you and can be

*You may possibly have to pass another medical examination in order to do this.

used to repay the $1,000 loan.

Another way to eliminate a loan is to reduce your amount of life insurance. Frequently, when children are grown the amount of life insurance needed becomes less. If this is so in your case, it will pay to determine whether some of your life insurance can be discontinued, thus liberating part of the cash value to repay policy loans.

Before you discontinue any policy in this way, a word of caution is in order:

Look carefully at the policy provisions. The disability income protection included in some older policies may be too good to relinquish. Income options, likewise, may be too valuable to give up in view of the higher interest rate prevailing when your policies were originally issued.

I recently studied the insurance of a policy holder who was in his fifties. He had capital totaling $50,000, part of which he planned to use for the purchase of an annuity at age 65. Among his policies was a $10,000 twenty-payment life contract that had been in force for thirteen years. The policy holder had borrowed the full cash value of about $4,000.

Because of the interest on this loan, he was planning to discontinue the policy. Admittedly, the interest did greatly increase the cost.

However, some other considerations were as follows:

1. The policy holder had planned to retain about 30 per cent of his capital in better grade bonds or the equivalent (*e.g.*, cash values). The cash value of all his policies, after deducting loans, was about $5,000. Accordingly, if the $4,000 were repaid, the total cash value (then $9,000) would still not be greater than the amount to be held in better-grade bonds and could be used as the equivalent. From an investment viewpoint, therefore, there was no objection to repayment of the loan.

2. The policy on which the loan had been made was convertible into an endowment upon payment of an increased annual premium. If this were done, the policy would mature as a $10,000 endowment shortly after age 65. This $10,000 would provide a life income for the policy holder far more favorable than that obtainable at present annuity rates. In fact, it was found that $14,000 would currently be required to buy an annuity of equal size.

After weighing the several considerations involved, the policy holder decided to take the following steps:

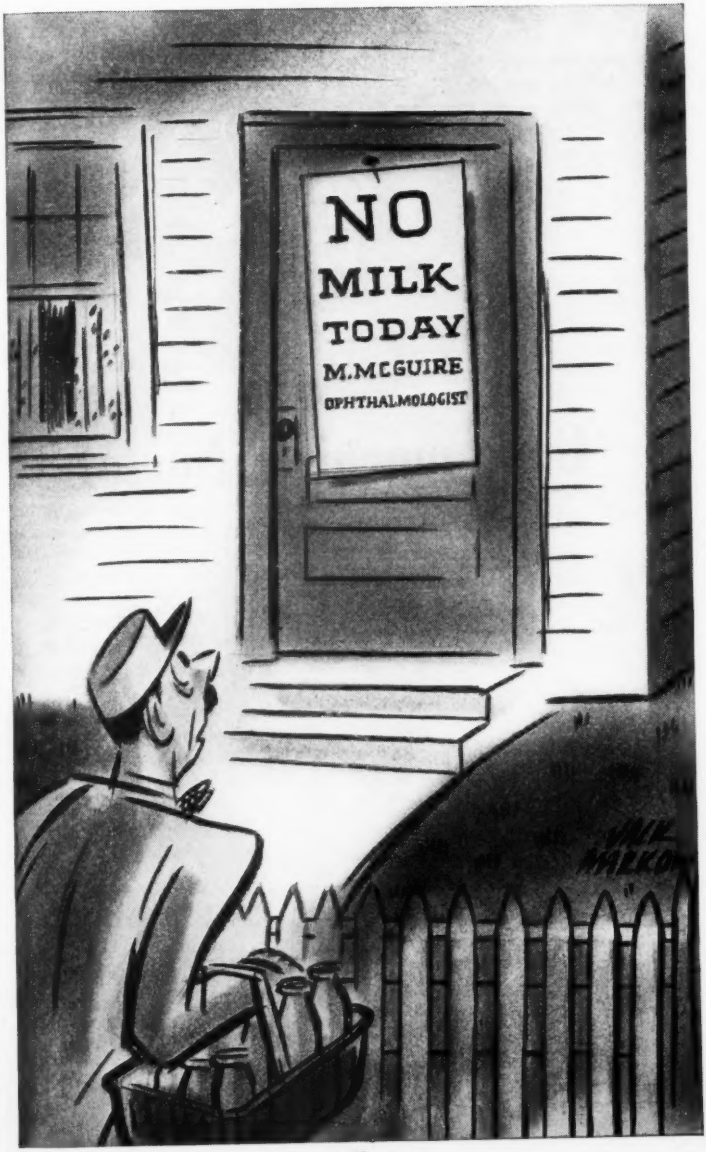
1. Repay the loan and regard the cash value of his policy as part of his bond fund.

2. Convert the policy into an endowment.

3. Later take the maturity value as a life income.

OILY INJECTIONS: Though it's advisable to give subcutaneous and intramuscular injections with a relatively fine needle, oily solutions will not run easily through such a needle. But try this: Hold the ampule containing the solution in hot water (perhaps the same water used to sterilize the syringe and needle). Within a few seconds, you'll find the oil can be drawn smoothly and quickly into a fine needle.

This method is especially useful for solutions like bismuth in oil, estrogenic hormone, and epinephrine in oil.—C.F.S., M.D., Detroit, Mich.


NO
MILK
TODAY
M.MCGUIRE
OPHTHALMOLOGIST

Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

✪ There was little question, after the evidence of the urethral smears, that Marc Hutley was harboring the tell-tale gram negative diplococcus.

"But, Doctor, I swear I haven't bothered with girls since I lost my job. I haven't the money."

There is no overestimating the susceptibility of some ladies to charm. . .

* * *

Peter Lamont's profession is the practice of medicine; his avocation is acidulous comment on the shortcomings of his colleagues. During rounds yesterday he turns from the examination of Lester Beale, fixes the interne with a baleful eye, and, bouncing gleefully on the balls of his feet, gives himself to the joys of creation:

"Did I understand you to say that this man was here two months ago and was discharged as having no heart disease? Take a note. Ah —hm. . .During previous hospitalization this patient's heart lesion inexplicably escaped notice. This in spite of the fact that the systolic murmur at the base and the thrill accompanying it seems impossible to miss. . . By the way, Mr. Beale, who was your doctor last time?"

"Why you were, Dr. Lamont. Don't you remember examining me?"

* * *

The majority of patients seeking surcease from obesity are spurred by the hope of cosmetic improvement. A few want relief from physical disability.

Not so Sam Binks. At a globular 315 pounds, Sam was finally driven to the arms of Aesculapius by business considerations.

"It's like this, Doctor. Every

man's got a trade. You're a doctor; me, I'm a bookmaker. Nothin' big, see? I just roll around, pick up a bet here and there, then I phone 'em in to a fellow what can pay off when he loses. Well, I do my business in a telephone booth, and the last couple of days I can't squeeze myself in no more. So you gotta get me down, see? If I don't reduce I'll starve."

Yes, Samuel. And vice versa.

* * *

And in Esquire:

"A few weeks after his arrival in fire-blackened Tokyo, the great seismologist died. Doctors blamed pneumonia; his friends knew it was shame."

A differential diagnosis of some subtlety.

* * *

From the arm-chair Hippocrates:

Among the most contagious diseases are measles and whooping cough in children, and cardiac neurosis in middle-aged ward-patients. Let them be isolated, I say, at the first move of the hand toward the precordium, and not released from quarantine till they've stopped feeling their own pulses.

* * *

In the absence of patients, Ludwig Hasterack's way of breaking in his new equipment is to test it on members of the household. As a result, the maid who submitted to treatment of her lumbago is eating from the mantlepiece because of a short-wave burn in a strategic location; Mrs. Hasterack is desquamating freely after exposure to the ultra-violet lamp; and now the doctor's mother-in-law has broken off diplomatic relations.

It seems the son-in-law had just acquired an EKG machine and innocently asked the lady to sit in the chair. No sooner did he approach with the electrodes than she leaped from the chair and ran.

"Trust him? I should say not. I could read his mind: Get me in the electric chair, then just make a little mistake. No thanks!"

* * *

How to have fun while in labor:

On the delivery table, Mrs. Olds signals frantically to the interne who dispenses gas-oxygen to take the edge off her pains. "I'm getting a pain! Here's a pain again. Gas, gas!" He leans over, feels of her abdomen, then slips the mask over the patient's face and opens a valve. When he removes the mask, the lady grins up at him:

"Ha-ha! I fooled you then. I didn't even have a pain and you gave me gas."

"Ha-ha to you. I knew you were faking, and it wasn't gas I gave you, but air."

* * *

From the arm-chair Hippocrates:

"You're about to start your interneship and you'd like my advice on the best thing to specialize in? Young man, for the present, it might be best for you to specialize exclusively in the skin and its contents."

* * *

Patient Michael Linnet did not recall to the admitting physician any recognizable clinical picture, so he concluded his note with: "Diagnosis deferred." The junior intern on medicine was equally baffled, and wrote: "Diagnosis deferred." Successively thereafter the senior, the resident, and the attending physician found themselves neighbors on the same fence, each also bestowing upon the puzzling Mr. Lin-

net that alloy of frustration and hope: Diagnosis deferred.

The patient was well and stoutly made, and it was only after three full days that he died of deference.

* * *

The surrealist spirit rested on ward E2 during morning rounds. Seth Macos described his biopsy thus:

"Doctor, you never saw a more wonderful operation. They pulled glands out of my neck by the roots. Each root was this long. My doctor told me they had to do that, they had to pull them out with all the roots or they'd grow again. . ."

* * *

Bill Coney, obese, alcoholic, and bursting with ascites, was brought to the hospital a week ago barely able to breathe. On his lumberyard scales he had weighed 370 pounds. Since admission, what with abdominal tapping and diuresis, he has been shrinking visibly from day to day. But so far as recorded weight goes, until he loses seventy pounds, the evidence of his diminishment remains only presumptive. There isn't a scale in the hospital that will weigh more than 300 pounds.

* * *

Mike Shawn was one to prize book learning, none more than he. You see, the way doctors had it now, it wasn't the liquor that hurt a man, but the lack of vitamins. So Mike took to swallowing pills by the score, and kept on merrily with his drinking. Indeed, on his occasional visits he looked none the worse for it, and seemed well on his way to proving his theory, when the experiment—in the way experiments have—was spoiled through inadequacy of control. Mike, full of gin and accessory food substances, walked out of a saloon one night, miscalculated his relation in time and space to a passing street car, and died of an accident.

* * *

Doctor Parras calls up about a patient he would like to have skin-tested for food intolerance. It seems the man has become sensitized to something in his diet. For four weeks he has suffered with diarrhea, and has failed to respond to the usual management.

The patient, it turns out, suffers from nothing more serious than under-development of his sales resistance. He persuaded himself that Ex-Lax after each meal was good for the body economy. And it cannot be argued, in all fairness, that it has not done him all that the advertisers promised.

* * *

Atop Laurel Hill, perhaps the most beautiful spot in the State, stands the newly completed Home for the Blind. Its windows look out on the peace and grandeur of mountain and river, on golden wheat fields flirting with the wind. The inmates are the city poor, dwellers all their lives in the dark stench of slum tenements, who become eligible for the Home only when they have lost their sight.

* * *

For Tom Jerome's numerous aches and pains, a disguised aspirin tablet twice a day has for a whole week worked a complete cure. A week is a long time to go without symptoms. During rounds today Tom speaks up: "Say, Doctor, you know them white pills the nurse gives me? I wish you'd make her stop. They give me a headache, and I have to get up and take some aspirins to get rid of it. . ."

A new daily record book

Different from other books of its kind, this one is also of timely interest

✪ A new daily record book has just been released that's sufficiently unlike its predecessors to warrant a description. Particularly so as the year-end is approaching and many physicians are beginning to cast about for ways to improve their bookkeeping systems (including, more than ever, their income-tax records).

Capital-letter virtues of this new book are its completeness and flexibility. The former is apparent upon inspection of the sample sheets illustrated on the following four pages (note, for instance the section on depreciation). Its flexibility is suggested by the fact that the pages of the book are undated so you can begin using it whenever you like (a year's supply of sheets is furnished; the user dates a month's pages at a time).

The accountant who prepared the book has made a real contribution toward simplifying the execution of income-tax returns. Taxable items are so adroitly segregated that net taxable income can be computed in a few minutes at the year's end.

The book is of standard 8½" x 11" size, plastic-bound, leather covered, and of dignified, professional appearance. Along with case-history and financial-record cards, it comprises the backbone of a complete medical bookkeeping system.

The record consumes a page a day and is said to take from ten to fifteen minutes' time. Being cumulative and on a cash basis, it answers immediately any financial question about the practice.

The book's components are

1. Daily record sheets
2. Monthly summary sheets
3. A yearly summary sheet.

Each daily sheet shows total business, income, and disbursements for that day. The monthly sheet gives similar figures for the month, plus figures for previous months and for the current year to date. It also discloses such useful overall facts as the net gain or loss for the current month, for previous months, and for the current year to date. The back of the monthly sheet provides space for recording income and expenses other than those contingent upon one's practice, *e.g.*, interest on savings and mortgages, dividends from stocks and bonds, and rents from property.

The yearly summary sheet bears information similar to that on the monthly sheets, plus a financial statement of assets and liabilities. Also included are highly useful blanks and instructions for computing net income and depreciation.

[Addresses of publishers of this and other daily record books are available on request.]

DAILY RECORD SHEET

June 5 1941

EARNINGS

HOUR	NAME	PAID	CHARGED	✓	HOUR	NAME	PAID	CHARGED	✓
						FORWARDED	39-	87.50	
8:40	J. U. Arnold	5-		✓					
8.40	Thomas Cooler		10-	✓	6.00	A M Warfield	5-		✓
9.00	Mrs. W. Murphy	5-	5-	✓	6.30	Mrs M York		5-	✓
9.30	William Evans		60-	✓	6.45	Marcus Custer	3-		✓
9.45	A. Manning	—	—		7.00	Mrs R Tipler		10-	✓
10.15	Alice O'Connor		2.50	✓	7.15	Simon Wood	3-		✓
10.30	Mrs. B. Tishman	3.50		✓	7.45	William Rusch	3-		✓
11.00	M Rodriguez	3-		✓	8.00	Mrs. R. Talbert	3-		✓
11.15	Charles Jones	3-		✓					
11.45	J. M. Dwyer		5-	✓					
12.00	Mrs R. Williams	5-		✓	10.30	Mrs V. Cutler		10-	✓
1.30	Mrs B. Keenan	3-		✓					
1.45	Mrs L. Marcus	3-		✓					
2.15	William Wells	3-		✓					
2.30	Francis Drury	2.50		✓					
3.00	Mrs A. Benson		5-	✓		TOTALS	56-	112.50	
3.15	Charles Gross	3-		✓		TOTAL PAID		56-	
	FORWARD	39-	87.50			TOTAL DAY'S BUSINESS		168.50	

BILLS COLLECTED

NAME AND REMARKS	AMOUNT	✓	NAME AND REMARKS	AMOUNT	✓	NAME AND REMARKS	AMOUNT	✓
Mrs N. Fowler	16-	✓	FORWARDED	54.50	✓	FORWARDED	103.50	
Jerome Vogan	8-	✓	William Evans	10-	✓	L. J. Mussey	4-	✓
Elsie Wolf	7.50	✓	Marcus Solan	15-	✓			
Mrs B. Nelson	10-	✓	Marcus Griffith	2-	✓			
Steve Manning	7-	✓	Charles King	17-	✓	TOTAL BILLS COLLECTED	107.50	
A. W. Semple	6-	✓	Mrs. V. Belle	5-	✓	TOTAL PAID TODAY	56-	
FORWARD	54.50		FORWARD	103.50		TOTAL DAY'S INCOME	163.50	✓

DISBURSEMENTS

DESCRIPTION	BY CASH	BY CHECK	DISTRIBUTION OF DISBURSEMENTS: PERSONAL	MAINTENANCE	OFFICE EXPENSE	AUTO. TRAVEL	TAXES	LOAN EXP.	DRUGS & SUPPLIES	LABORATORY	TAXES	RENT	TELEPHONE & LIGHTS	MISCELLANEOUS	INSURANCE
Gasoline	3.40					3.40									
Rent		60.00	20-									40-			
Stationery	3.50						3.50								
Instruments	4.00														4.00
Electricity		7.00	2.07	4.93											
Rush Arden		30-			20-										
Kirkpatrick Co		70-							6.50				12.50	.51-	
Lyon Lab.		12-								12-					
City of Troy		9.00									9.00				
Tony Lumley		7.19						7.19							
TOTALS	9.90	181.03	22.07	4.93	20-	3.40	3.50	7.19	6.50	12-	9.00	40-	12.50	.51-	4.00
TOTAL BY CASH		9.90													
TOTAL DISBURSEMENTS		195.93													

DISTRIBUTIONS: PERSONAL includes all items not chargeable to the conduct of the practice, such as living expenses, personal insurance, etc. MAINTENANCE includes heat, electricity, gas, water, repairs, etc. AUTO AND TRAVEL includes gas, oil, repairs, insurance, railroad fares, hotel bills, etc. OFFICE EXPENSE includes telephone, stationery, stamps, office supplies, etc. TAXES includes property, license, sales, social security, etc. MISCELLANEOUS includes contributions, dues, insurance, etc. See Instruction Sheet for detailed instructions.

Appointments with patients may be noted on the daily record sheets, thus making a separate appointment book unnecessary.

SUMMARY FOR THE MONTH OF June 1951

DATE	TOTAL DAY'S BUSINESS	TOTAL DAY'S INCOME	TOTAL DAY'S DISB'TS	DISTRIBUTION OF DISBURSEMENTS: CON. SERVICE	MAINTENANCE	SALARIES	AUTO TRAVEL	OFFICE EXPENSE	LAUNDRY	SUNDRY SUPPLIES	LAUNDRY-ATTORY	TAXES	RENT	PAYROLL TAXES	INSURANCE	MISC.
1	56 -	59 -	441 -	15-								29-				
2	67 50	48 -	28 50								28 50					
3	88	73 -	12 75				12 75									
4	82 -	94 -	32		32-											
5	168 50	163 50	195 43	32 07	4 93	20-	2 40	3 50	7 49	6 20	12-	9 00	40-	12 00	51-	4-
6	55 -	78 -	17 -							17-						
7	62	120 50	23					23-								
8	74 50	88 50	1 90		1 90											
9	24 -	91 -	7 80		7 80											
10	85 -	84 -	264	30-		70-									160-	
11	72	63 50	10 -					4-								6-
12	61	71 -	-													
13	5	27 -	3 50					3 50								
14	85	92 -	-													
15	68 50	54 -	-													
16	44	66 50	17 -						17-							
17	91 50	82 -	-													
18	80 50	74	160 00			70-	30-									
19	67	73 -	-													
20	10 -	10 -	-													
21	88	82 50	61 -		17			5-			39-					
22	74 50	78 -	-													
23	49 -	58	7 90	3 90												4-
24	69 50	62 -	4 44						4 44							
25	76 -	63 50	92 -		22-		31-				39-					
26	47	59 -														
27	15 -	10 -	-													
28	95 50	117 -	49 -		5 25			9-		7 50	24-					3 25
29	76 -	84 -	-													
30	105 -	42 50	441 -	21-	35-	140-	72-	12 50	12 20					37-	100-	11-
31																
TOTALS	2042 50	2224	1408 72	92 27	125 82	300-	148 25	60 20	41 13	31-	142 20	38 44	40-	49 20	311-	28 25
PREVIOUS MONTHS	8119 -	8007 50	7371 41	317 60	409 30	2500-	765 50	209 20	151 80	164 75	981-	106 14	200-	74-	1242-	160 54
TO DATE THIS YEAR	10161 50	10231 50	8780 13	409 87	535 12	2800-	913 75	269 40	192 93	195 75	1123 20	144 58	240-	123 20	1603-	188 79

MONTHLY STATEMENT

THIS MONTH'S TOTAL INCOME ..... $ 2,224.00

THIS MONTH'S TOTAL DISBURSEMENTS MINUS "PERSONAL", "INSTRUMENTS" AND "EQUIPMENT". PERSONAL EXPENDITURES ARE NOT DEDUCTIBLE. INSTRUMENTS AND EQUIPMENT ARE NOT DEDUCTIBLE BUT ARE CHARGED OFF AS DEPRECIATION. SEE INSTRUCTION SHEET 955.85

NET GAIN OR LOSS THIS MONTH 1,268.15

PREVIOUS MONTHS' NET GAIN OR LOSS 2,419.69

NET GAIN OR LOSS TO DATE THIS YEAR 3,687.84

Substantiating records of disbursements shown here and on the daily sheets should be kept for income tax purposes.

XUM

SUMMARY FOR THE YEAR FROM January 1 19 41 TO December 31 19 41

MO.	TOTAL MONTH'S BUSINESS	TOTAL MONTH'S INCOME	TOTAL MONTH'S DISBTS	DISTRIBUTION OF DISBURSEMENTS: FEDERAL	MAINTENANCE	SALARIES	AUTO TRAVEL	OFFICE EXPENSE	LAUNDRY	DRUGS SUPPLIES	LABORATORY	TAXES	RENT	INSTRUMENTS	EQUIPMENT		MISC.
JAN.	1840 00	1765 00	1865 50	150 00	110 00	461 50	120 00	51 50	41 00	38 00	207 00	62 00	40 00	–	540 00		37 50
FEB.	1710 50	1671 50	1645 50	25 00	150 00	691 50	248 00	48 00	37 00	42 00	295 00	–	40 00	74 00	–		30 00
MAR.	1660 00	1523 00	1410 50	75 00	86 50	466 44	72 00	37 00	30 50	36 00	64 00	44 15	40 00	–	440 00		28 50
APR.	1303 50	1540 00	1411 00	40 00	90 00	500 00	110 00	43 50	29 00	30 00	185 00	–	40 00	–	912 00		33 00
MAY	1403 00	1509 50	966 91	27 00	38 00	463 00	96 00	29 00	16 00	18 25	229 00	–	40 00	–	–		31 50
JUNE	2043 50	2234 00	1608 72	92 77	125 00	300 00	148 15	60 00	41 18	31 00	142 50	38 00	40 00	49 00	311 00		28 50
JULY	1641 50	1365 00	1003 75	65 50	27 00	500 00	120 00	47 00	33 00	21 00	117 00	–	40 00	–	–		32 50
AUG.	1543 00	1372 50	1018 75	72 00	62 00	500 00	104 25	59 00	83 00	27 00	141 00	–	40 00	–	–		46 00
SEP.	1660 00	1410 00	1096 30	96 50	54 00	500 00	120 50	62 50	27 50	33 00	92 50	44 00	40 00	12 00	–		38 00
OCT.	2510 00	1505 00	1175 28	111 00	66 50	585 28	119 00	46 00	29 00	37 00	88 00	–	40 00	–	–		63 50
NOV.	2023 50	1791 50	1259 75	88 50	179 00	500 00	128 50	68 00	34 50	17 50	117 00	–	40 00	–	60 00		47 00
DEC.	1940 00	1630 00	990 90	50 00	62 50	500 00	187 50	33 00	21 50	14 25	65 00	–	40 00	–	–		17 50
TOTALS	21541 50	19225 00	15226 86	887 27	966 50	5785 28	1629 90	595 50	386 18	346 50	1687 50	188 15	480 00	135 00	1463 00		423 50

NOTE: The final figures on the above summary are the same as those at the bottom of the last of the year's Summary Sheets. You do not obtain any figures you do not already have by keeping the above summary but you get all the figures for each of the twelve months TOGETHER and you can make quick comparisons. Therefore, although the Monthly Summary Sheets are cumulative, this Yearly Summary Sheet is well worth keeping.

COMPUTATION OF NET INCOME FOR THE YEAR

TOTAL YEAR'S INCOME (FROM COLUMN 2 OF ABOVE)	$ 19,205.00
TOTAL YEAR'S DISBURSEMENTS (FROM COLUMN 3 OF ABOVE) MINUS "PERSONAL," "INSTRUMENTS" AND "EQUIPMENT" COLUMNS. PERSONAL EXPENDITURES ARE NOT DEDUCTIBLE. INSTRUMENTS AND EQUIPMENT ARE NOT DEDUCTIBLE BUT ARE CHARGED OFF AS DEPRECIATION. SEE INSTRUCTION SHEET	12,537.89
NET INCOME FROM PRACTICE BEFORE DEPRECIATION	6,666.11
DEPRECIATION: ON INSTRUMENTS, FURNITURE AND EQUIPMENT, REAL ESTATE, AUTOMOBILE, AS FIGURED ON BACK OF THIS YEARLY SHEET	2,789.00
NET INCOME FROM PRACTICE	3,877.11
OTHER INCOME: INCOME DERIVED FROM SOURCES OTHER THAN YOUR PRACTICE (THE FINAL FIGURE ON THE BACK OF THE LAST SUMMARY SHEET OF THE YEAR)	2,765.40
NET INCOME BEFORE DEDUCTIONS OTHER THAN FOR PRACTICE	6,642.51
OTHER DEDUCTIONS: TOTAL OF ALL OTHER DEDUCTIONS AS ITEMIZED AND RECORDED ON THE BACKS OF THE MONTHLY SUMMARY SHEETS	1,317.19
NET INCOME FOR THE YEAR*	5,325.32

*This is the figure on which your Federal (and State if any) taxes are based. To make out a Federal Income Tax Report you simply use the facts and figures as kept in this system and follow the instructions as given on the tax reports. A report can be made in just a few minutes because the Histocount Bookkeeping System provides ALL the answers in the simplest and easiest way possible.

MEMORANDA: Expenses much higher than last year especially laboratory salaries and maintenance. Gross income not up in proportion.

This yearly summary sheet permits quick comparisons by bringing together in one place the totals from the monthly sheets.

DEPRECIATION

AUTOMOBILE
(ABOUT 25% PER YEAR)*

b) ORIGINAL COST VALUE OR COST VALUE FIRST OF THIS YEAR	1500.00
PURCHASED THIS YEAR	1600.00
TOTAL COST VALUE AT END OF YEAR	3100.00
PREVIOUS DEPRECIATION	750.00
a) THIS YEAR'S DEPRECIATION OR TRADE-IN ALLOWED	600.00
LOSS OR GAIN ON TRADE-IN	150.00
TOTAL DEPRECIATION	1500.00
c) NET VALUE AT END OF YEAR	1600.00

INSTRUMENTS
(ABOUT 30% PER YEAR)*

b) ORIGINAL COST VALUE OR COST VALUE FIRST OF THIS YEAR	4165.00
PURCHASED THIS YEAR	135.50
TOTAL COST VALUE AT END OF YEAR	4300.50
PREVIOUS DEPRECIATION	1472.40
a) THIS YEAR'S DEPRECIATION @ 30%	833.00
TOTAL DEPRECIATION	2305.40
c) NET VALUE AT END OF YEAR	1995.10

FURNITURE AND EQUIPMENT
(ABOUT 10% PER YEAR)*

b) ORIGINAL COST VALUE OR COST VALUE FIRST OF THIS YEAR	8860.00
PURCHASED THIS YEAR	1663.00
TOTAL COST VALUE AT END OF YEAR	10523.00
PREVIOUS DEPRECIATION	3850.60
a) THIS YEAR'S DEPRECIATION @ 10%	886.00
TOTAL DEPRECIATION	4736.60
c) NET VALUE AT END OF YEAR	6286.40

REAL ESTATE (BUILDINGS)
(BRICK 1-2%, FRAME 3-5%)*

b) ORIGINAL COST VALUE OR COST VALUE FIRST OF THIS YEAR	16000.00
PURCHASED THIS YEAR	
TOTAL COST VALUE AT END OF YEAR	16000.00
PREVIOUS DEPRECIATION	1600.00
a) THIS YEAR'S DEPRECIATION @ 2%	320.00
TOTAL DEPRECIATION	1920.00
c) NET VALUE AT END OF YEAR	14080.00

*These percentages are the "usual." Unusual situations may be taken into consideration.

a) This depreciation is deductible as expense and you enter it in the "Computation of Net Income for the Year." See other side of this sheet.

b) The simplest method of figuring depreciation for the following year is to base it on this figure instead of trying to compute depreciation on items purchased during the current year. In other words, begin the depreciation on the year following the purchase, except in unusual cases.

c) Use this figure in the Financial Statement below.

NOTE: Depreciation is allowable and deductible only if the item is used in the conduct of your practice. For instance, if you use your automobile solely for your practice you charge full depreciation. If you use it partly for your practice and partly for pleasure, you must pro-rate the depreciation and deduct only that percentage which applies to your practice. The same is true with Real Estate and Furniture and Fixtures.

FINANCIAL STATEMENT

December 31, 19 41

This Financial Statement is not essential or even necessary to the conduct of your practice. It is however of value in that it pictures your financial condition from year to year. It is also an asset should you seek a bank or other loan.

CURRENT ASSETS:

CASH ON HAND	76.25
CASH IN BANKS	1317.51
NOTES RECEIVABLE	475.00
ACCOUNTS RECEIVABLE	3262.00
INVESTMENT SECURITIES at market	6325.00
CASH VALUE LIFE INSURANCE	2116.53

FIXED ASSETS:

REAL ESTATE — HOME	
LAND	
NET VALUE OF REAL ESTATE*	14080.00
NET VALUE OF AUTOMOBILE*	1600.00
NET VALUE OF FURNITURE AND EQUIPMENT*	6286.40
NET VALUE OF INSTRUMENTS*	1995.10

PREPAID EXPENSES:

PREPAID INSURANCE	17.26
PREPAID TAXES	34.40

OTHER ASSETS:

TOTAL ASSETS	37590.45

*Obtain these figures from top part of this page.

CURRENT LIABILITIES:

NOTES PAYABLE	600.00
ACCOUNTS PAYABLE	2145.55
NOTES RECEIVABLE DISCOUNTED	

FIXED LIABILITIES:

MORTGAGES PAYABLE	6000.00

ACCRUED LIABILITIES:

ACCRUED TAXES	
ACCRUED INTEREST (on mortgage)	30.00

TOTAL LIABILITIES	8775.55
NET WORTH (EXCESS OF ASSETS OVER LIABILITIES)	28814.90
TOTAL LIABILITIES AND NET WORTH	37590.45

This is the back of the yearly summary sheet. Especially notable is the help it provides in computing depreciation on equipment.

XUM

Outlook for O.A.L.R.

Part 2. Study of major trends affecting this specialty indicates a favorable prognosis.

Perched on MEDICAL ECONOMICS' examination table last month was one of medicine's older and larger specialties. Auscultated and percussed, peered at and into, OALR was revealed in preliminary diagnosis as prosperous and healthy. Presented here is the second and concluding part of this examination, which reveals what is perhaps the most important single aspect of any such study: the prognosis.

Physicians practicing OALR detect a wide array of trends affecting their specialty. Included among those most often mentioned are increasing competition, a decreasing volume of surgery, and growing employment of new technical aids such as chemotherapy. But before considering these broader topics, this article will first complete the more factual measurements of OALR begun in the previous installment.

OFFICE ACTIVITY

By the conventional measurement of office activity, OALR confirms the diagnosis of sound health. Full specialists in this field see an average of eighteen patients a day, or three more than the average seen by specialists in general. They average eight hours a day in practice, one hour less than the average of all specialists. Their collections, according to the Survey of Medical Practice, average 83 per cent, the same figure reported by specialists as a whole.

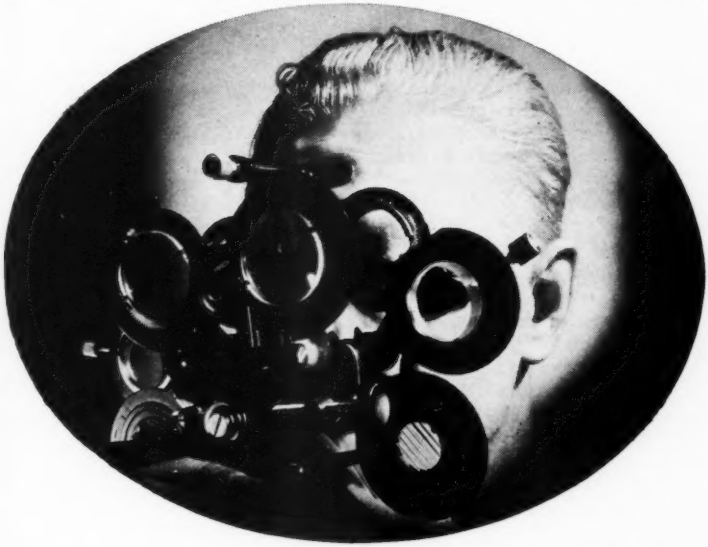
Incidentally, the relative infrequency of night calls is described as a distinguishing characteristic of OALR. "Not that they're unknown," qualifies an otolaryngologist, "because you can't do many T & A's without getting an occasional bleeder. But for the most part we have far fewer night calls than do our colleagues in other fields. I suppose it's because a higher proportion of our work is elective."

Charity patients bulk fairly large in a typical OALR practice. According to the responses to this magazine's special questionnaire, the average number of charity cases seen per month is fifty-seven. The percentage of total working time devoted to them is 17 per cent.

INCOME AND EXPENSES

Breakdowns of the incomes and expenses in this specialty may be found in the accompanying tables. Worth note is the fact that professional expenses and the average investment in equipment are higher among OALRists than they are among specialists in general—due, no doubt, to the array of costly instruments required.

The income figures, though significant, are less notable than the income trend. According to data first published in September MEDICAL ECONOMICS, OALR and orthopedics have led all other specialties in one important index—the rate of growth of gross incomes. From 1935 to 1939, gross incomes of OALRists jumped 46 per cent; gross incomes of ophthalmologists increased 35 per cent; those of otolaryngologists, 29 per cent. Whereas the average gross incomes of all specialists increased but 19 per cent during the same period.



KEEPING UP

"A physician in this specialty," says an experienced OALRist, "should devote three or four weeks a year just to keeping in the swim. If he does much hospital work, he should attend specialty society meetings, read specialty journals, and take every post-graduate course he can manage. If he does not have the benefit of regular hospital attendance and staff meetings, he should supplement this program by taking clinical courses as well."

Perhaps the most popular method of continuation study in OALR is to take the courses given by the American Academy of Ophthalmology and Otolaryngology. Widely respected within the specialty, the academy's variety of courses is presented in diverse forms—long, short, home-study, traveling, refresher, etc.

SOCIETIES

Two specialty societies, flanked by a host of smaller groups, are prominent in OALR. Largest is the academy referred to above, which has approximately 3,000 members. It

is democratic in personality and interested primarily in its elaborate teaching program. Requirements for membership include at least one year of specialty practice and certification in either ophthalmology or otolaryngology. Annual dues are $10.

The other influential society within the specialty is the American Laryngological, Rhinological, and Otological Society, commonly referred to as the "Triological." Limited to no more than 500 members, it currently has about 410, who are for the most part at least "locally eminent" physicians. Its requirements for membership include five years' practice in ALR, certification in otolaryngology, and the presentation of an acceptable thesis. The "Triological" holds four regional meetings and a national convention a year; the latter is often characterized by vigorous debate. Annual dues: $12.

The remaining national societies attract less attention. The American Ophthalmological Society, with about 200 distinguished members, devotes its meeting chiefly to the reading of technical papers. The American Otological Society is closely parallel, though it has but about eighty active members. The American Laryngological Association also has less than a hundred members, many of academic rank; its interests are both clinical and scientific. Another small group is the American Broncho-Esophological Association, composed chiefly of men interested in endoscopy.

CERTIFICATION

Oldest (1916) of all the specialist-appraisal organizations, the American Board of Ophthalmology has certified about 1,900 of the 5,793 full-time ophthalmologists and OALRists in the country. Applicants for examination (after next January 1) must have graduated from a Class A school, interned for at least one year, and spent at least three years in acceptable combinations of graduate didactic study, clinical experience, and private practice.

The American Board of Otolaryngology, second oldest (1925) of the boards, has approved almost 3,000 physicians. About 200 men appear for certification in most years, and roughly 15-20 per cent fail to pass. Requirements and examination fee parallel those of the board of ophthalmology.

Certification is a prerequisite for a growing number of teaching and hospital appointments, as well as for membership in most specialty societies. Additional advantages, according to physicians in the field, are prestige within the profession and the likelihood of increased referrals, especially from out-of-town physicians.

The drawbacks to certification most often mentioned are danger of "self-satisfied smugness" and the fact that most laymen are wholly unaware of such symbols of qualification. Says one ophthalmologist: "Certification doesn't mean much in small communities where doctors are likely to be rated on personality. But if you practice in a good-sized locality, it's easier to become certified than to explain why you're not."

TRENDS

Asked about the main trends exhibited by OALR, physicians express almost as many theories as there are men to voice them—in itself perhaps a healthy sign. How-

ever, six major currents are mentioned often enough as to indicate significant concurrence. They are:

SUBSPECIALIZING

"OALR is steadily dividing itself into smaller and smaller specialties," says an Eastern rhinologist. "Eye, ear, nose, and throat men are giving way to doctors limiting themselves to just one field. And you can already see a well-developed trend toward further subdivision. More and more men are restricting themselves to, say, sinusitis or nasal plastic work or endoscopy."

Evidence suggests that this trend toward subdivision, occurring very slowly, has been in motion for nearly two decades. It is obviously controlled by population, being possible only in cities large enough to support specialism.

OVERCROWDING

OALRists are split on the question of whether or not their specialty is becoming seriously overcrowded. Says one specialty society officer: "Since before the depression an increasingly large number of men have been entering our field. The resultant competition, particularly in the East and in large cities, has made it steadily harder for a young specialist to get going."

But an ALRist turns in a dissenting opinion: "I doubt if there's serious overcrowding, except in a few cities. The increased competition is coming less from within the specialty than from the profession as a whole. Another factor which contributes to the illusion of overcrowding is that otolaryngology has many elective cases. Hence it follows the ups and downs of general prosperity and has a kind of

THE NEED has long been felt for a comparative analysis of the leading specialties. Until now, physicians have had to scratch for even the most meagre and often out-dated information. To bridge this gap MEDICAL ECONOMICS *has been researching and preparing a series of studies on the economic aspects of individual specialties. First to be published was one on pediatrics (May 1941). Completed here is a study of OALR begun last month. Other specialties will be examined in subsequent issues.*

In preparing its report on OALR, MEDICAL ECONOMICS *employed three methods of investigation in addition to the usual research techniques, namely:*

1. The Survey of Medical Practice, conducted recently by this magazine, which supplied detailed, large-sample data on the incomes, expenses, collections, etc., of physicians in all types of practice.

2. A special questionnaire, sent to a panel of 700 OALR men who had been pre-selected for balanced geographic distribution and for accurate weighting of the subspecialties.

3. A series of personal interviews with doctors practicing OALR—among them officials of specialty societies and certification boards, men new and old in the specialty, rank-and-filers as well as nationally known practitioners.

To the physicians who have cooperated so willingly in this research, and especially to the 175 OALR specialists who voluntarily completed long and detailed questionnaires, the editors of MEDICAL ECONOMICS *extend their sincere thanks.*

feast-and-famine quality."

Net conclusion from MEDICAL ECONOMICS' questionnaire to 700 specialists is that overcrowding is a local rather than national problem. Where it exists, its effect is less upon established practitioners than upon beginners, whose "starvation years" are likely to be lengthened.

IMPROVED G.P. TRAINING

Better education and training for young general practitioners, say some OAI.Rists, have encouraged them to perform an increasing number of OALR procedures. Writes a Midwestern ALRist: "I feel that G.P.'s should be G.P.'s, and should remember that a little knowledge can be a dangerous thing. It takes long study, special talent, and broad experience to make a competent otolaryngologist. But it seems as if there were a steady encroachment upon our specialty. . ."

Says another: "A general internship doesn't give a man sufficient training even to remove nasal polyps. And I've seen men with a smattering of special training use atropine in glaucoma with disastrous results."

The opinion of the majority is probably expressed by the specialist who avers: "If young general practitioners make use of their better training to secure earlier and more accurate diagnoses, everyone will benefit. If they try surgical procedures for which they are eminently unfit, both their patients and the profession will suffer."

PREVENTIVE MEDICINE

"Upon those of us who've been in practice for years, the effects of widespread immunizations have been tremendous. I haven't seen a case of diphtheria or done an intubation in nearly twenty years," submits a Western OALRist. An-

AVERAGE ANNUAL INCOMES AND EXPENSES OF SPECIALISTS IN OALR

	Full Specialists (OALR)	*Partial Specialists* (OALR)	*Full Specialists* (All specialties)
Gross income	$11,310	$6,077	$10,057
Professional expenses	4,816	3,028	4,051
Office rent	814	513	895
Office salaries	1,211	684	1,562
Drugs & supplies	1,094	866	599
Instruments & equipment	906	470	434
Automobile	421	356	469
Net income	6,337*	3,640	6,184
Investment in equipment	4,468	4,260	4,038

Figures are from the Survey of Medical Practice. Year: 1939. Sample: 275 full specialists in OALR, 67 partial specialists in OALR, 1,663 full specialists of all kinds.

*Gross income of $11,310 minus professional expenses of $4,816 should equal net income of $6,494. However, net incomes reported by full-time OALRists actually averaged $6,337. No attempt has been made to adjust slight discrepancies of this kind. All figures were tabulated exactly as they appeared on the questionnaire cards.

AVERAGE ANNUAL INCOME AND EXPENSES OF FULL SPECIALISTS IN OALR

	Gross Income	*Professional Expenses*
OALR	$11,310	$4,816
Ophthalmology	11,089	3,614
ALR	9,879	4,407
All specialties	10,057	4,051
General practice	6,605	2,705

Figures are from the Survey of Medical Practice. Year: 1939. Sample: 275 OALRists, 95 ophthalmologists, 71 ALRists, 1,663 full specialists of all kinds, 5,860 general practitioners.

other physician opines: "The whole shape of our specialty is going to be changed. Reduction in measles, diphtheria, and scarlet fever will produce a radical decrease in the many tragic losses of special sense which we see now."

"It's wonderful for the public," remarks one doctor, "but a trifle hard on the M.D. Nevertheless, there will not be any serious reduction in the need for our specialty. We've still got more unlicked problems than we know what to do with. After all, a common cold is the beginning of countless serious complications."

CHEMOTHERAPY

"Sulfanilamide and related drugs are cutting down mortality, surgery, and the need for so many otolaryngologists." That incisive verdict, expressed by a Southern specialist, typifies a common viewpoint on one of the specialty's most discussed trends. Other representative comments:

"Chemotherapy has brought a marked reduction in upper respiratory infections". . ."Really necessary surgery has been halved". . . "Mastoidectomies have practically disappeared". . ."Sulfa drugs have slashed the income of otolaryngologists". . ."G.P.'s now feel competent to treat cases they once would have referred."

Nevertheless, the verdict is by no means unanimous. A substantial number of specialists, while conceding great merit to chemotherapy, maintain that its limitations must be recognized. "The sequelae of some drugs," remarks an otologist, "aren't much improvement over the sequelae of some infections."

Still a third group within the specialty holds to a middle view. These physicians grant that mastoiditis and acute head infections in general appear to have dropped sharply in recent years. But they attribute this phenomenon in part to a seven-year cycle in the incidence of such infections, and add that an upturn is already taking place.

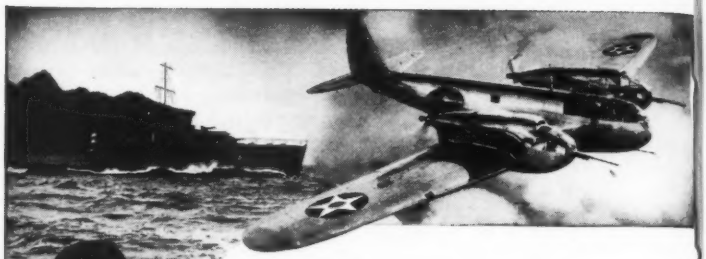
An experienced ALRist cautions: "We should be careful not to lose perspective about chemotherapy. After all, the publicity which it has received means that patients will come to the profession more readily and in greater numbers."

An official of the board of otolaryngology maintains a similar view: "The effect of these improved treatments (and the sulfa drugs are by no means the only ones) will undoubtedly be to reduce the amount of surgery we do. I think it improbable that the result will be a reduction in the number of cases referred to us. We'll simply practice medicine more, surgery less."

WHOSE TONSILS?

"It doesn't matter if a man's an otolaryngologist or not. If he's

[*Continued on page* 112]



Meat . . .

and Its Place Among the "Protective Foods"

WHEN the term "protective foods" was first coined it was applied almost exclusively to citrus fruits, green leafy vegetables, and dairy products, then known to be rich in vitamins or minerals or both. Many foods, unconsidered in the early days of vitamin studies, have since been shown to be remarkably rich in vitamins and minerals, and therefore in reality rank high among "protective foods." Meat, particularly, deserves this distinction.

Meat and meat products are important natural sources of thiamine, riboflavin, nicotinic acid and other components of the B complex. Because of its great palatability, meat is universally liked and can be eaten in ample amounts daily, to supply a goodly portion of the daily vitamin requirements.

In addition, meat is one of the richest sources of biologically adequate proteins. It also provides important amounts of the essential minerals iron, copper, and phosphorus.

Adequate nutrition is as important for the nation's protection as its armed forces. In fact, it is the nation's "first line of defense."

ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Foods

The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute
CHICAGO

I'm in the army now!

BY LIEUT. TED F. LEIGH

This is the personal history of a doctor on active duty with the 102nd Medical Regiment, U.S. Army. It is set down here just as Lieutenant Leigh recorded it in his note book. Seven previous installments covered the period from Jan. 10 through Aug. 26.

EDGEWOOD ARSENAL, MD., AUG. 29

✪ Tomorrow will be my last day here at the Chemical Warfare School, ending a month of intensive instruction in defense against poison gases and other chemical agents. I'm glad to have had this training, as are the four other medical officers taking the course. Regularly, we're on duty with field forces (regiments, battalions, etc.) where there's little or no straight medical work. As unit gas officers, our work will be a little more closely allied with medicine, especially in the treatment of gas casualties.

AUGUST 30

At 10 o'clock this morning, Lieutenant Colonel Coughlan officiated at a brief graduation exercise. He reviewed the importance of our task and praised the class as the best so far. We were then awarded diplomas qualifying us as unit gas officers.

Before leaving to rejoin our home units, we cleared our financial obligations. Mess charges for the month were $30; quarters cost $5; laundry service, another $5. Considering the excellent service we have had here in all three categories, we're well satisfied.

So tonight I'm on the road. My orders are to report without delay to the Second Army Replacement Center in Ruston, La. "Without delay" in an army order usually means the shortest train time between two points. Thus, I'll be allowed about two days. I'll drive as far as Fort McClellan, which is on the direct route, then catch a train for Ruston. Once there I'll be sent to my regiment, which is again on maneuvers.

RUSTON, LA., SEPT. 2

"Join the Army and See the World" would do almost as well for us as its counterpart does for the navy. In the last thirty-two days I have traveled some 2,000 miles on official business, and another 1,500 unofficially.

Reported yesterday to the Second Army Replacement Center, and found several other men from the Chemical Warfare School waiting to make connections with their regiments North of here. Meanwhile, we're assisting Lieutenant Miller, a medical officer from Indiana on detached service with the center. He has the sweet job of examining several hundred men each day for communicable diseases. Miller wants us to stay on, but Second Army Headquarters says no. Miller has been married just two months, but

has been with his wife only three weeks of that time.

SEPTEMBER 3

Medical officers and all other personnel in the Second Army are taking 0.1 gram of atebrine twice weekly as a malaria preventive. This is mosquito country. The Third Army, located south of us, is using quinine. Comparative results with the two drugs will be analyzed after the maneuvers.

ON MANEUVERS, SEPT. 4

After a five-hour stretch of driving, I finally located Company C of the 102nd Medical Regiment this afternoon. I caught three of my fellow officers—Lieutenants Ferkany, Wedral, and Dillihunt—just about to depart for the nearby town of Eldorado, this being their afternoon off. Seems they have cooperatively rented a room in the local hotel, so they'll have some place where they can go to take a shower.

I'm told that the rate of real casualties has been held very low so far during these maneuvers. And there have been no simulated casualties to pass through the collecting station. Reason: The embattled armies at this stage of the game are stressing rapid movement to concealed positions, rather than casualty evacuation.

SEPTEMBER 6

Under a beautiful full moon and a million stars, we rolled up to a new bivouac area at 2 A.M. last night. I was so dog tired I promptly crawled into my bedding roll without bothering to put up my tent. The costliness of this luxury was revealed precisely at dawn, when I was awakened by direct evidence of a cloudburst. My answer to the ele-

ments was an attempt to wrap up in the canvas portion of the roll. Whereupon the rain rolled inquisitively in between the two layers. Fretfully, I pulled out the tent and threw it over me. Within ten minutes the rain had soaked right through.

This time I took the cue. Mad as the proverbial wet hen, I clambered into a supply truck to dry.

Tonight, in a new area, it is a different story, told in five words—mosquitoes, mosquitoes, and more mosquitoes.

SEPTEMBER 11

The regiment is marking time until September 15, when the Second and Third Armies will clash in an "all-out" war, no punches barred. However, there's plenty of immediate work for all the medical officers.

Officers of the three ambulance companies keep their vehicles shuttling back and forth transporting casualties from the other regiments of the 27th Division. These cases are cared for by the three clearing companies. We of the collecting companies make daily sanitary inspections of the scattered units of the division, and one of us serves as regimental Officer of the Day. In addition, each company has its own supply, mess, transportation, and sick-call duties which fall to medical officers.

Wives of several of the officers follow the maneuvers as they shift location. They stay in nearby towns when they can get accommodations, but frequently they're separated from their husbands for days at a stretch.

SEPTEMBER 12

How do army doctors on maneuvers spend their spare time?

A surprising number have brought along portable radios, which provide excellent entertainment. This is particularly true at night when lighting facilities for reading and writing are scarce. Most popular are news bulletins and musical programs.

Newspapers are precious—when we can get them. Picture magazines and digests are popular, as are the

SYMBOLISM: Good way to individualize a newly built office is to make use of decorative symbolism appropriate to medicine in general or to your specialty in particular. Thus more than one pediatrician has hit upon the idea of having children's footprints pressed into the soft cement of the freshly laid walk to his door.

(Number four in a series of six.)

Common problems in the management of peptic ulcer

"How has the mortality from gastric hemorrhage due to ulcer been reduced in one hospital from 29% to 3%?"

The administration of Amphojel* by the continuous intra-gastric drip method has resulted in a greatly reduced mortality in cases of gastric hemorrhage due to peptic ulcer.

AMPHOJEL

Wyeth's Alumina Gel

SUPPLIED IN 12-OUNCE BOTTLES

*REG. U. S. PAT. OFF.

JOHN WYETH & BROTHER, INC., PHILADELPHIA, PA.

cheaply bound standard novels sold in drug stores. Medical journals are read by many.

After-dinner rumor sessions are interesting if not true. Every story that's broached inevitably stimulates a contradictory rumor.

There's always a poker game in session during free hours. Stakes are 5 cents with a limit of three raises. Pinochle and bridge also have their regular adherents.

Because of frequent night moves, sleeping during morning and afternoon off-hours is often a necessity.

When we get near a town, we're vastly more interested in finding a shower than in going to a movie. Movies are out anyway—always jammed to the rafters with soldiers. And showers are an incomparable luxury in this stifling Louisiana weather. We take 'em wherever we can find 'em—in private homes (if we're invited), in high schools, fire houses—anyplace. Last night a group of us sniffed out a shower in a jail. Magnificent!

SEPTEMBER 20

We've had a real taste of war conditions during the past five days, with the Second and Third Armies mixing it up vigorously. The 27th Division went into action as a flesh-and-blood spearhead plunging into enemy territory. But the Third Army met us in force, and we had a hot time keeping open communication and evacuation lines which link the battalion aid stations and casualty clearing stations. Bombers and pursuit planes roared overhead constantly. Tanks, trucks, command cars, ambulances, guns, and infantry swarmed all about us. Blank ammunition set up a staccato bark during attacks. Several

division units were captured, including some medical regiment forces.

Two or three times, in the middle of the night, we were forced to pick up our company collecting station and beat a hasty retreat. Once, nearly surrounded, we escaped only because we stumbled on an unmapped road leading to the rear.

This is the briefest view of the gruelling pace which an all-out battle sets. The first phase of the war was declared over this afternoon, and victory was awarded to our enemy.

SEPTEMBER 21

Sometimes I think we'd be better off just to stay in the woods instead of trying to crowd into these small towns in the maneuver area. The soldiers take over, in a manner reminiscent of a grasshopper plague settling over a grain field. I tried it today. I had to wait in line for over an hour to get dinner. To get stamps required another half-hour. I saw movie lines a block long. Novelty stores were completely sold out. There wasn't a single newspaper or popular magazine left for sale. I had to walk in the street because there was no room on the sidewalks.

SEPTEMBER 22

I got straightened out on another point of army organization this afternoon. I refer to the evacuation hospital.

In the U.S. Army, medical department units function as integral parts of a division (our regiment would be an example of this), a corps, an army, the Communications Zone, or the Zone of the Interior. The evacuation hospital is an army unit; other army units include surgical and convalescent

A Simple Prescription

FOR PAINFUL FEET AND WEAK ARCHES

CHAS. F. HANSON, M. D.
212 BALDWIN BLDG.

℞

FOR *Mr. A. Corbin*

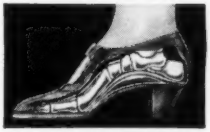
Fit with Dr. Scholl's Arch Supports

THE need for restoring activity to the victim of foot arch trouble—re-establishing his earning power and equipping him to help in the national emergency—is daily becoming more and more a problem.

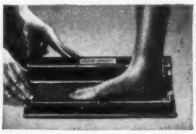
Handling these cases has been greatly simplified for the Physician who refers them to the Surgical Supply, Shoe or Department Store specializing in Dr. Scholl's Arch Supports. These dealers employ Experts trained in Dr. Scholl's scientific methods of fitting.

A simple prescription like the one above suffices to insure the patient being fitted with the required type of Dr. Scholl's Arch Support. For accuracy in fitting, the patient's feet are Pedo-graphed, which not only graphically reveals the nature and degree of the arch depression, but also indicates the type of support needed to afford relief and help correct the condition.

A typical case of fallen arch



How Dr. Scholl's Arch Support raises the arch



Dr. Scholl's Pedograph graphically reveals the nature and extent of foot arch weakness.

DR. SCHOLL'S ARCH SUPPORTS and exercise relieve tired, aching feet; rheumatoid-like foot and leg pains; help restore weak or fallen arches to normal. Adjustable. Worn in any properly fitted shoe.

A Partial List of Dr. Scholl's Foot Comfort Shops in Principal Cities:

NEW YORK.....349 Fifth Ave.
NEW YORK....124 E. Fordham Rd.
NEW YORK.....62 W. 14th St.
BROOKLYN.....281 Livingston St.
PHILADELPHIA....1628 Chestnut St.
BOSTON.....23 Temple Place
DETROIT.....36 W. Adams Ave.
CHICAGO.....21 N. Wabash Ave.
CHICAGO.....213 W. Schiller St.
CLEVELAND.....1013 Euclid Ave.
MINNEAPOLIS.....930 Nicollet Ave.
MILWAUKEE..221 E. Wisconsin Ave.
ST. LOUIS.....617 Locust St.
LOS ANGELES.....429 W. Seventh St.

*TRADE MARK REG. U. S. PAT. OFF.

Dr. Scholl's *Foot Comfort* ARCH SUPPORTS

Made by THE SCHOLL MFG. CO., INC. • 213 West Schiller Street, Chicago

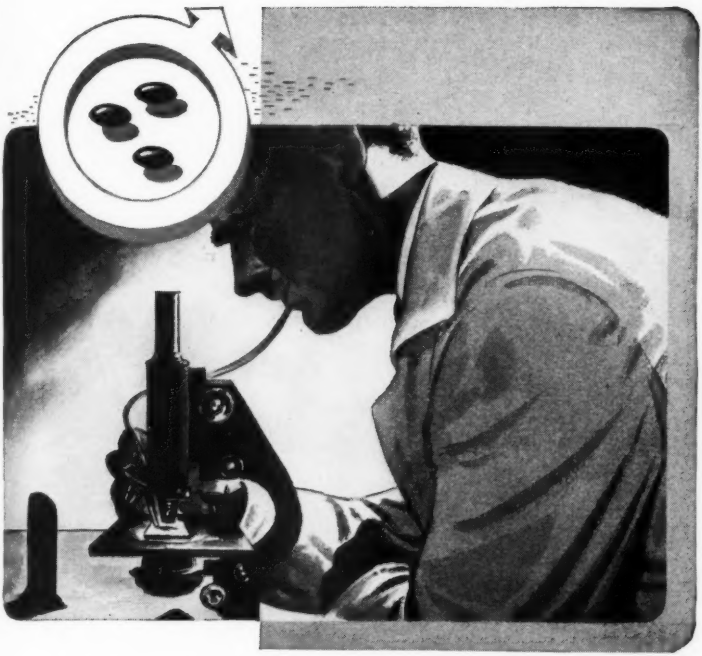
hospitals, medical laboratories and supply depots, veterinary evacuation and convalescent hospitals, and attached medical department personnel.

Each army—the 27th Division is part of the Second Army—has ten evacuation hospitals, each with a 750-patient capacity. Hospital personnel includes thirty-three medical officers, sixty nurses, and 300 enlisted men. Normal location is eight to sixteen miles behind the front line. In the chain of casualty evacuation, the evacuation hospital is the link between the forward clearing station and the general hospital further back. Thus, a front-line casualty passes in succession through battalion aid station, collecting company, clearing station, evacuation hospital, and, if the patient's condition warrants it, to the fixed hospital.

All types of operations and treatment are done in the evacuation hospital. It is a mobile unit, accommodated in tents which can be rapidly set up and dismantled.

Complete operating rooms housed in truck-trailer units will fit into this scheme when the War Department puts them into mass production.

PRESCRIPTION BOOK: An adaptation of the ordinary checkbook is used by an Illinois physician for his prescriptions. Each page of this special 12″ x 18″ Rx book contains four prescription blanks separated by perforations. A large sheet of carbon paper is always kept under the uppermost page, so that every time the doctor writes a prescription a copy is made for his file. As a result, he is able to keep full prescription records without depending on druggists.



Maintain Normal Hemoglobin Levels

℞

HEMATINIC PLASTULES*

● Hematinic Plastules provide ferrous iron in small soluble elastic capsules—a modern, convenient dosage form. Where iron therapy is indicated, Hematinic Plastules can usually be relied upon to bring about a steady, rapid rise in hemoglobin. Their administration is seldom complicated by gastric disturbance.

Hematinic Plastules are an economical iron preparation especially effective for the treatment of the iron deficiency anemia of pregnancy, for chronic blood loss, or post-infection anemia.

Hematinic Plastules are available in two types, Plain or with Liver Concentrate, in bottles of 50 and 100.

*REG. U. S. PAT. OFF.

THE BOVININE COMPANY

8134 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

HERE YOU SEE

A HIGH-VITAMIN MEAL — BUT NOW YOU DON

Elixir 'B-G Phos' is Standardized

VITAMIN AND MINERAL VALUES of foodstuffs vary greatly. The conditions under which food is grown, its freshness . . . the manner of cooking—all affect vitamin and mineral adequacy.

For example, the water-soluble, heat-labile components of the vitamin B-complex are easily lost in cooking. And deficiencies of the B-complex, vital to health, vigor and growth, are widespread in the United States.

In choosing an adequate, well-balanced diet, it is important to realize that it is not the inclusion of a food item in the diet which matters *but its actual nutrition value when consumed that counts.*

Elixir 'B-G Phos' is an exceptionally palatable, standardized preparation containing all the elements of the vitamin B-complex in natural proportions, since the B-complex derived from a natural source. Miner essential to proper nutrition are present glycerophosphates. Elixir 'B-G Phos' is in cated as a dietary supplement to aid in p vention or to correct deficiencies of the v min B-complex and minerals in patients all ages, but particularly during childho pregnancy, febrile illnesses, convalescen and old age.

• • •

Each fluidounce of Elixir 'B-G Phos' contai
Vitamin B_1.....200 U.S.P. Units
Vitamin B_2.....100 micrograms of Riboflav
Vitamin B_6.....100 micrograms of Pyridox
With Nicotinic Acid, the Filtrate Factor a other natural elements of the vitamin B-compl as well as glycerophosphates of calcium, m ganese, potassium and sodium. Alcohol 17

ELIXIR 'B-G PHOS'

XUM

Priorities and taxes

An investor's guide to the effects of these restrictions on production and profits

For the first time in their lives millions of workers have the buying power to satisfy their wants. The nationwide demand for goods and services is so pressing that salesmen are becoming the forgotten men in a number of industries whose civilian and defense orders will keep factories humming at capacity for months to come.

Normally, this upward surge would benefit all industry. But defense plays favorites. Two new factors of vast importance have entered the industrial earnings picture. They are priorities and defense taxation.

Priority restrictions stemming from raw material shortages have severely affected some industries. And the present corporate tax levies, highest in the nation's history, have in numerous cases cancelled out increased earning power. Other industries, however, have remained untouched or have actually benefitted. The investing physician will find it well worthwhile to weigh these factors before he buys or sells.

Illustrative of industries which have escaped the influence of defense shortages and excessive taxation is the motion picture business. More people are spending more money on the leading American amusement than ever before. There are only minor armament drains on the equipment and raw material supply. At the same time, large property accounts provide high excess profits tax credits. And as for new Federal admission taxes, they can be passed on to movie patrons with little effect upon attendance.

The movies were one of the few American industries to be badly hurt early in the war. Now, however, two years of retrenching have enabled film producers to adjust operations to the loss of nearly two-thirds of their lucrative British income. Meanwhile, profits of English subsidiaries are holding up and negotiations are under way to persuade Great Britain to modify foreign exchange restrictions. The producers have cut down their inventories, reduced their debts, and built up large cash balances. Consequently the motion picture companies are in the strongest financial position they have ever experienced. What's more, their future earnings probably will be helped, rather than hurt, by peace.

Consumers who are denied the opportunity to buy automobiles, refrigerators, and other restricted semi-durable items are turning to light consumers' goods. Like the citizens of England and Germany, they are buying whatever gimcracks and gadgets they can get. As a result, the earnings of department,

mail-order, and chain stores are soaring.

Department stores, particularly, have had years of difficulty in building up profits. But during the past few months the department-store sales index of the Department of Commerce has skyrocketed. Retail sales this year should easily exceed the 1929 peak of fifty billion dollars, and the investor who has held merchandising stocks through thick and thin should receive better earnings reports and dividends.

By early 1942, priorities will be keeping some familiar types of merchandise off store shelves and out of catalogues. However, these scarcity lines will probably account for less than 15 per cent of typical variety store sales. This loss will be more than made up in other goods such as clothing. Only heavier taxes and labor costs will act to prevent earnings from keeping full pace with the spending overflow. Securities of stores in defense areas appear the best situated.

Freight, passenger traffic, and profits of railroads are again approaching the lush levels of the 1920's. There are no defense restrictions on service or equipment here. In fact, defense officials are providing as far as possible the necessary materials to build thousands of new freight cars. The shortage problem for the rails is of a different sort, revolving around whether they have sufficient equipment to meet the demand and prevent a transportation breakdown like that in 1918.

With respect to new taxation, the roads have less to worry about than most other industries. Even the Treasury Department's drastic proposal to limit profits to 6 per cent

In giving advice on better nutrition remember this about Ralston Wheat Cereal:

MADE FROM WHOLE WHEAT WITH ONLY COARSEST BRAN REMOVED... ***Ralston is a nourishing "energy" food.***

ENRICHED WITH ADDED WHEAT GERM... ***Ralston is extra-rich in "natural" vitamin B_1.***

WHEAT GERM IN RALSTON IS STABILIZED... ***it will not deteriorate under normal conditions.***

Ralston Purina Company
911A Checkerboard Sq.,
St. Louis, Missouri

Please send me 24-page book, "Whole Wheat" and samples of Ralston Wheat Cereal.

*Name*_____ *M.D.*

*Address*_____

*City*_____ *State*_____

would not be a serious blow.

Priorities and taxes aside, several adverse factors continue to weigh in the railroads' investment standing. Labor unions demand higher wages at any show of prosperity. One-third of the roads are still in receivership. The stock market remains cold and the investing public shy to all suggestions of revived railroad credit. Yet if the railroads are to survive as a privately owned industry, their credit standing must be restored.

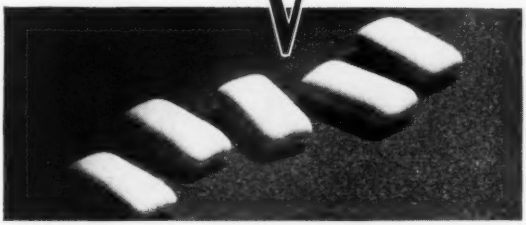
The physician who has patiently held bank stocks through a decade of indifferent earning power obviously will find little in the priorities picture to worry him. Higher taxes will prove a moderate barrier to the expanding profits of banking institutions. Conservative estimates place the expected gain in 1941 earning power at about 10 per cent. Low money rates will prevent bigger profits from the huge volume of defense loans the banks are handling.

The oil industry is another in which neither priorities nor taxes clouds the earnings outlook. Overproduction and surplus stocks have been the bugaboos of the petroleum companies. Now the Government is giving them preference ratings on drilling equipment in order to increase the oil supply. The petroleum needs of Russia (aviation gas particularly) and of our own defense program are increasing so rapidly that defense directors wonder if domestic production will be sufficient in 1942 and 1943. Gasoline was not hit by the 1941 defense taxes and the oil industry is not excessively burdened by excess profits levies.

There are still other industries

THE IMPORTANCE OF —

VEHICLE



IN ASPIRIN ANALGESIA

The use of aspirin in a flavored chewing gum base is a therapeutic measure which appeals by reason of practical simplicity —yet commands respect through unequaled efficacy in many types of cases.

Dillard's Aspergum in Non-Specific Upper Respiratory Infections in Children

In common upper respiratory infections for which no specific treatment is available, Dillard's Aspergum provides the systemic analgesia and antipyrexia of aspirin, plus agreeable local relief from the irritation of associated pharyngitis or tonsillitis. Children gladly accept Aspergum because of its form and flavor.

When the condition in question is essentially acute tonsillitis, pharyngitis —or simply one of local irritation such as follows laryngoscopy and gastroscopy, Dillard's Aspergum presents the following marked advantages in relief of "Sore Throat."

1. Aspirin is brought into *prolonged* contact with throat areas not commonly reached, even intermittently, by gargling.
2. Topical as well as systemic analgesic effect.
3. The action of chewing and swallowing aids in carrying away the products of inflammation.
4. Because the product presents 3½ grains of aspirin per tablet, it may be used at more frequent intervals without ingestion of immoderate dosage.
5. Following tonsillectomy, the typical stiffness of throat muscles is inhibited and reduced.

• • •

Aspergum is ethically promoted. If you are not already using it, may we urge that you recommend "a bottle of Dillard's Aspergum" (36 tablets) in appropriate cases and form your own judgment? White Laboratories, Inc., Newark, N. J.

Dillard's Aspergum

whose outlook will not be dimmed either by bans on "business as usual" or by heavy tax levies. But rather than enumerate any more of them here, attention will now be directed toward a few industries that are beginning to suffer.

As a general rule the small manufacturer is bearing the brunt of defense material rationing. In most cases he hasn't the facilities to handle defense work. Yet even many large companies—companies with defense orders to tide them over the emergency are starting to show smaller profits.

Among those hardest hit by defense priorities will be the electric appliance concerns. Defense officials consider their products nonessential; so the copper, nickel, aluminum, and zinc they need is going into armaments. Industrial leaders like General Electric and Westinghouse Electric, it is true, have millions of dollars in defense orders. But such civilian items as toasters and electric irons are usually more profitable than war work. Then too, heavier taxes on electrical goods and on corporate profits will stand in the way of larger earnings. The same general outlook is true of the radio industry, where curtailed production lies directly ahead.

Priority restrictions already have slowed up the output of motor cars so substantially that earnings for the current half year probably will be markedly lower than in the preceding six months. And while the motor industry's civilian output is sharply curtailed and heavily taxed, the transition into defense work has been too slow to take up the slack. The industry has upwards of three billion dollars in defense contracts, but it will be another six or eight months before automobile makers are operating at full speed on tank, bomber, and aircraft engine assemblies.

Total dollar volume in 1942 may be the highest on record for the motor makers. Yet record volume does not necessarily mean record profits and industry officials privately say they have never faced a year when the profit outlook was more uncertain. Civilian output

TAPE MEASURER: Here's a way to facilitate the cutting of equal or measured lengths of adhesive tape. On the wall beneath the conventional adhesive tape roll holder, nail a ruler so that it's parallel to the tape as you unroll it.—S. G. SLO-BODKIN, M.D., Brooklyn, N.Y.

TYPICAL HYGEIA ADVERTISEMENT REACHING MOTHERS AND PROSPECTIVE MOTHERS

BEFORE you leave the hospital make sure you have your doctor's advice on breast and supplementary feeding. Consult him regularly in the months to come.

Ask your doctor about these advantages of Hygeia Nursing Bottles and Nipples.

EASY TO CLEAN . . . Wide-mouth and smooth rounded corners make the Hygeia Bottle easy to wash . . . no dirt-catching crevices to harbor dangerous germs. No funnel to clean and sterilize; wide-mouth makes bottle easy to fill.

HEAT-RESISTANT GLASS . . . Hygeia is now available in heat-resistant as well as regular glass. This glass is the same type used so successfully in baking dishes. It resists temperature changes . . . cold bottles can be put immediately into boiling water for sterilizing without danger of breakage, or thrust into boiling water to heat the formula at feeding time. Saves mother's time and costs less in the long run.

REDUCES WIND-SUCKING . . . The patented valve in the Hygeia Nipple (see arrow) reduces wind-sucking by preventing nipple collapse and thus insuring an even flow of milk. The tab at the base of the nipple prevents fingers touching sterilized surface. ***Sanitary rubber cover*** makes it easy to seal bottle for storage or for carrying when traveling or shopping.

Ask your druggist for Hygeia Nipples and Hygeia Heat-Resistant or Regular Nursing Bottles which are wide-mouth, sanitary, so easy-to-clean. Druggists everywhere carry them in stock. Hygeia Nursing Bottle Company, Inc., 197 Van Rensselaer Street, Buffalo, New York.

HYGEIA NURSING BOTTLES AND NIPPLES

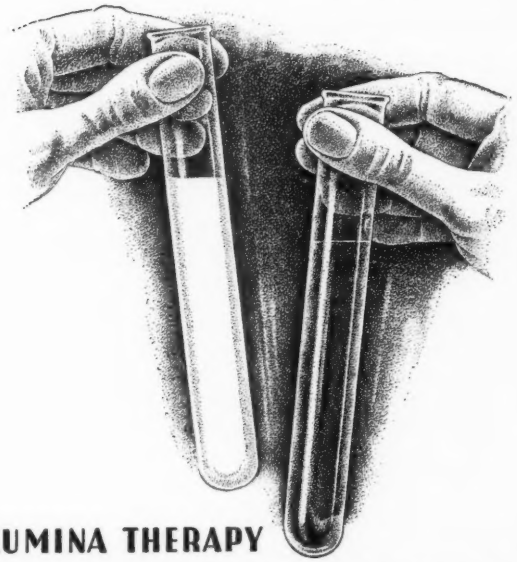
Safer ... because easier to clean

may be down to 25 per cent of 1941 volume by next Spring, and the huge reservoirs of defense contracts are not far enough advanced to determine what profits, if any, they will return.

Smaller automobile companies are in some ways more fortunate than the larger concerns. The former's production cuts are averaging as low as 10 per cent. Accordingly, their business will show little impairment from the best years in their history. Truck manufacturers are being encouraged to expand, rather than to contract their output. Consequently the outlook for such companies as Mack Trucks and White Motor is better than in many a past year.

While decreased earnings are the immediate prospect for the "big three" motor producers, there is a silver lining. For as war production goes on, the motor cars now in use will wear out. When peace returns, General Motors, Chrysler, and Ford like the big units in the electrical appliance field, will therefore have big delayed backlogs of civilian products to work on.

In still another phase of transportation, the airlines are experiencing a great travel rush. But priorities for military planes and requisitioning of equipment have prevented them from taking full advantage of their potential market. About 100 transport planes have been lease-lent to Britain and the domestic lines are lucky to get planes for replacements, much less for traffic expansion. Higher taxes and costs have overbalanced the express and passenger gains shown this year. Fifteen airlines reported an aggregate net loss of $437,000 for the first nine months of 1941,



IS ALUMINA THERAPY POSSIBLE *WITHOUT CONSTIPATION?*

The answer is "yes"—when GELUSIL is used. For Gelusil forms no astringent aluminum chloride as a result of reaction with gastric hydrochloric acid.

The alumina-gel of Gelusil is so prepared — by a new and special process of activation — that it does *not* form the soluble chloride salt but remains the effective, insoluble adsorptive and non-constipating alumina throughout its course in the intestinal tract. Coupling this constant alumina with the well-known antacid magnesium trisilicate has produced a preparation that provides alumina gel therapy at once free from constipating effects and prompt and prolonged in action.

Why not drop us a note on your letterhead if you are interested in obtaining a trial supply of Gelusil?

WILLIAM R. WARNER & CO., Inc.

113 WEST 18th STREET - NEW YORK CITY

as against a profit of $2,200,000 last year.

Besides those businesses affected plus or minus by priorities and taxes, there is another large sector of industry whose earnings probably will remain stable around present levels.

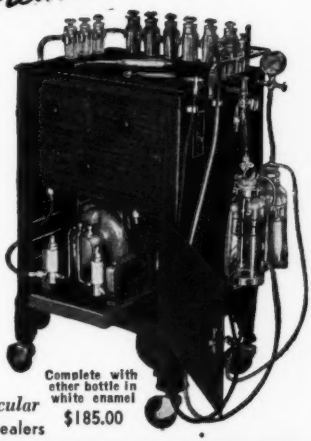
The tobacco companies, for example, will continue attractive from a dividend income standpoint. Cigarette paper, formerly imported from France, is now made here. Packaging difficulties will be a minor headache and record sales should offset higher taxation.

The drug industry is having supply problems but selling prices have been adjusted upward (as much as 30 per cent over 1940) to take care of higher raw material costs. At the same time a sales gain of better than 20 per cent is just about counterbalancing higher taxes.

Rubber manufacturers are one of the most strictly rationed industries. Nevertheless a faster inventory turnover and concentration on quality tires with their better profit margins is offsetting the 20 per cent cut in production demanded by defense agencies. Severe price cutting, which plagued the tire makers in the past, has disappeared. The industry hopes the Government will have a sufficient defense rubber stockpile by next year to make more rubber available for civilian use.

The food industry doesn't have any defense priorities or restrictions to worry about, except in a few imported luxury lines. But here, as in a number of other highly competitive industries, increased taxes are offsetting greater sales in a field where low profit margins prevail.—RAYMOND L. HOADLEY

Moorhead Suction and Pressure Treatment Unit



THIS new Moorhead pump meets every demand of the practicing physician. It follows the modern trend in design. Top is of black glass; trim is chromium plated. Cabinet is finished in White Enamel, Mahogany, American Walnut, or any desired color finish to suit individual office furnishings ($5.00 extra). Special Features include the new spring suspended motor-compressor unit—making it noiseless and vibrationless. Motor unit equipped with carrying handle for portability. High pressure type rotary compressor. Positive and negative pressure control. Built in two-way valve in the air pressure line. Complete accessories accompany apparatus. Invisible ball rollers facilitate easy moving.

Complete with ether bottle in white enamel

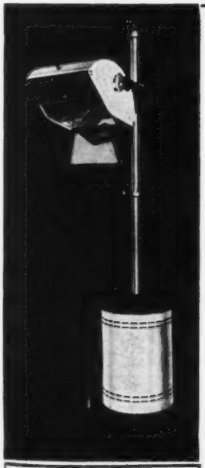
$185.00

Send for illustrated descriptive circular

Sold only through Surgical Supply Dealers

J. SKLAR MANUFACTURING COMPANY

38-04 WOODSIDE AVE. LONG ISLAND CITY, N.Y.



HAS A WIDE RANGE OF CLINICAL USEFULNESS

HANOVIA LUXOR "S" ALPINE *Ultraviolet* LAMP

Impressive—Does an Excellent Job and Wins the Confidence of Your Patients

Patients are impressed by modern, good looking, efficient apparatus. Your investment in the Luxor "S" will pay off well in the dividends of satisfied, well pleased and well treated patients.

The Luxor "S" Professional Model Alpine Lamp offers unusually high quality at low purchase price. Its improved no tilting, fast burning, quartz burner delivers ultraviolet rays of short, medium and long wave-lengths, for all therapeutic applications. The burner builds up rapidly to full intensity, and cools quickly ready for relighting. It provides intense radiation and even distribution over a wide shadowless surface. Available for operation on either alternating or direct current.

Write for full details concerning the Luxor "S" and other recent developments.

HANOVIA Chemical & Mfg. Co.

DEPT. ME-5 NEWARK, N. J.

What they're reading

THE FURTHERANCE OF MEDICAL RESEARCH

By Alan Gregg, M.D., Yale University Press. 123 pages plus appendices. $2.

The Director for Medical Sciences of the Rockefeller Foundation describes the nature and methods of medical research. He also considers the advantages and handicaps of universities and foundations as patrons of research. A concluding section discusses the personality, temperament, and financial problems of scientific research workers.

The book is notable for its realistic, matter-of-fact treatment of a subject which our age regards with almost religious solemnity. Example:

"Published papers are undoubtedly the chief criterion for promotion in medical schools. I know of one department in an American university where the value of a man was estimated by the number of pages he had published divided by the number of years he had possessed the Ph.D. degree."

HOW TO DEVELOP A GOOD MEMORY

By Robert H. Nutt. Simon & Schuster. 248 pages. $1.96.

Quite likely you have reservations about reading how-to-improve-yourself books. Most people do. Best-seller advice notwithstanding, the rank-and-file still have difficulty influencing people, speaking in public, and waking up and living.

However that may be, here is one self-improvement volume that's the exception to the rule. If Mr. Nutt's mnemonic system doesn't help you to remember, nothing will. It supplies a number of easily visualized key words. The idea of course is to associate these words with what you want to remember—the more bizarre the association, the better.

The efficacy of this system is such that your reviewer, who read with skepticism, now astonishes himself by being able to recite backwards and forwards the names of the thirteen original States, the topical headings for a long speech, the names of twenty-five people whose pictures appear in the book, and a demonstration shopping list borrowed, presumably, from the author's wife. To physicians who have trouble recalling names, faces, and facts, Mr. Nutt offers a specific.

LEADERS OF MEDICINE

By Solomon R. Kagan, M.D. Medico-Historical Press. 174 pages plus index. $3.

Brief biographical sketches of twelve famous medical leaders, including Virchow, Jacobi, Welch, Ehrlich, and Osler. Included are summaries of the accomplishments of each, together with some hitherto unpublished letters. The portraits average scarcely more than a dozen pages apiece.

PILLS AND PROVERBS

By Charles H. McCollum, M.D. Meador. 225 pages. $2.

Informal memoirs of a physician who has spent much of his life in rural Texas. Though no writer, Dr. McCollum reminisces with considerable wit and freshness.

MAN WITHOUT UNIFORM

By Willy Corsari. Greenberg. 358 pages. $2.50.

The life story of a Dutch doctor who convinces himself that euthanasia is every physician's duty. After secretly acting on this intellectual conviction for years, he is beset by doubt, turns violently to research. Spare-time reading.

BOOT-HEEL DOCTOR

By Fannie Cook. Dodd, Mead & Company, 268 pages. $2.50.

Novel about a rural physician in the Missouri share-cropper country, his problems during floods, his fights in behalf of farmers in their troubles with cotton planters. Smoothly told, but routine.

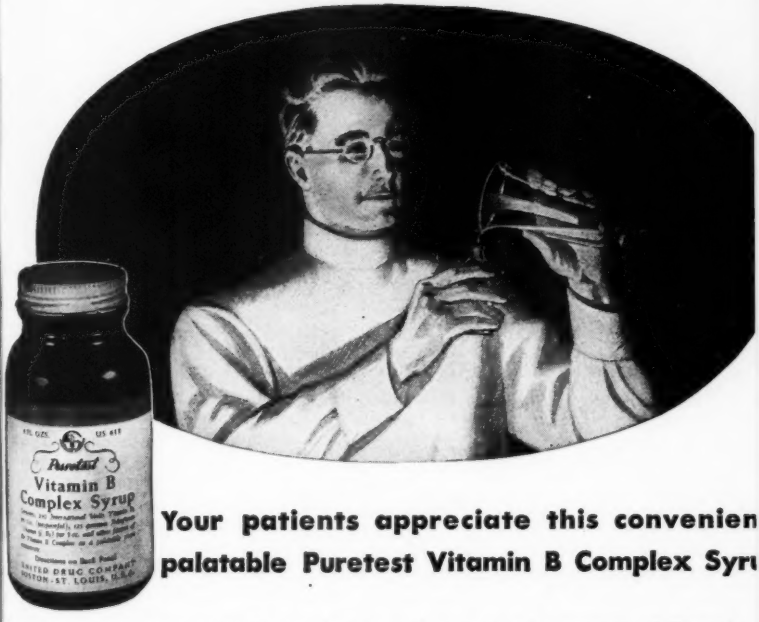
SOCIETY AND MEDICAL PROGRESS

By Bernard J. Stern. Princeton University Press. 222 pages plus notes and index. $3.

Believing that histories of medicine have devoted too much attention to individuals while neglecting the development of medicine as a social science, the writer of this text aims to even the score. Result is a history which "de-emphasizes" Vesalius and Jenner, say, while it considers urbanization and the industrial revolution. Says the writer:

UNITED DRUG COMPANY AND YOUR REXALL DRUGGIS

YOUR PARTNERS IN HEALTH SERVICE



Your patients appreciate this convenien
palatable Puretest Vitamin B Complex Syru

Physicians, too, appreciate this valuable and easy-to-take source of Vitamin
(250 International Units per 5 CC), 125 gammas Riboflavin (Vitamin G_0 B_2) p
5 CC and other factors of the Vitamin B complex in a palatable yeast concentra
It may be taken undiluted or combined with milk and fruit juices.

Puretest Vitamin B Complex Syrup is a further development of the United Dr
Company's Department of Research and Technology in one of America's finest a
most modern pharmaceutical laboratories, and may be had only at Rexall Dr
Stores — Liggett and Owl Stores are also Rexall Stores. For safety and econor
tell your patients to have your prescriptions filled and to purchase their drug stc
supplies at their convenient, neighborhood Rexall Store.

UNITED DRUG COMPANY • BOSTON • ST. LOUI
CHICAGO • ATLANTA • SAN FRANCISCO • LOS ANGELES • PORTLAND • PITTSBURGH • NOTTINGHAM • TORON
Pharmaceutical Chemists — Makers of tested-quality products for more than 38 yea

U. D. Products are available wherever you see this sign

Rexall
DRUGS

XUM

"The contributions of medicine to society. . .have been prodigious. Yet they are not as extensive as they might have been. For there have been sociological and psychological forces operating throughout the history of medicine which have impeded medical progress. [They] have functioned outside and within the medical profession, They have offered strenuous and persistent opposition to innovations in medical theory, to methods of diagnosis and therapeutics, to preventive medicine in the form of pub lic health regulation, and to changes in the organization of medical service."

Mr. Stern's conclusions are occasionally debatable. Thus not all doctors will agree when he discerns parallelism between opposition to Harvey, Pasteur, Semmelweiss, *et al*, and "factors that have recently caused opposition to group health services and governmental health programs, and so have prevented medical services from keeping pace with medical knowledge."

Mr. Stern's work, though scholarly and often provocative, is hampered by the polysyllabic diction which sometimes seems almost an occupational disease of sociologists.

LABEL-PROTECTOR: To keep stains off the labels on medicine and laboratory bottles, paint them with colorless nail polish. The varnish-like coating may be washed without damage.—URSULA G. MANDEL, M.D., Los Angeles, Calif.

MOTHER'S HELPER: Realizing that mothers sometimes have no one with whom to leave their babies when they have a doctor's appointment, my nurse put a crib in the office dressing room. Though her idea is perhaps not brand new, we've found any number of mothers who sincerely appreciate this convenience.—O. H. SCHELL, M.D., New Rochelle, N.Y.

Allimin

The SAFE HYPOTENSIVE *for Long-Continued Use*

The recent clinical and experimental work on ALLIMIN[1] has given greater validity to the earlier evidence on the therapeutic efficacy of garlic. Additional studies on a larger group of patients and for longer durations, now in progress, amply confirm and further extend the recent demonstrations of the effectiveness of ALLIMIN.

- Vasodilator and anti-pressor properties, pharmacologically demonstrated.
- Hypotensive effectiveness, clinically demonstrated.
- Relief of associated headaches and dizziness, clinically demonstrated.
- Antiputrefactive action, desirable in many cases of hypertension, clinically demonstrated.
- No incompatibles. No contra-indications. No gastric irritation. Not toxic.
- Simple, oral administration.

COMPOSITION: ALLIMIN is a synergized combination, each tablet containing 4¾ gr. garlic concentrate and 2⅜ gr. parsley concentrate, with excipients and coating. The tablets are tasteless and odorless.

DOSAGE: ALLIMIN has been found most effective when given in intermittent courses. The average dose is 2 tablets with water t.i.d. after meals for three consecutive days, skipping the fourth day. Medication is then resumed, again skipping every fourth day.

Advertised exclusively to the medical profession. For liberal sample and covering literature, check, sign and mail coupon herewith.

Van Patten Pharmaceutical Co.
54 West Illinois Street **Chicago**

VAN PATTEN PHARMACEUTICAL CO.
54 W. Illinois St., Chicago **Dept. M.E.**

Gentlemen: Please send the following:

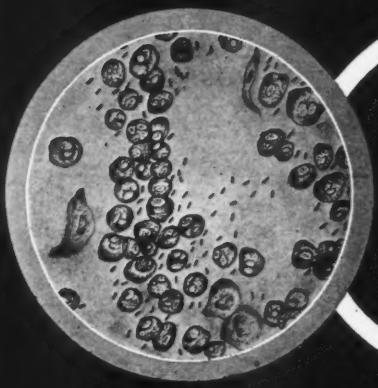
- ☐ Professional sample of ALLIMIN.
- ☐ Reprint: "A clinical study of the effect of desiccated garlic on intestinal flora."
- ☐ Reprint: "The use of garlic concentrate in vascular hypertension based on animal experiments and clinical observations."
- ☐ Brochure: "The hypotensive and other therapeutic properties of ALLIMIN."

_____ M.D.

Address _____

Bruce, E. M. Rec., 153:249, 1941. See bibliogra-

SULAMYD



in urinary tract infections

96% improvement and recovery in a series of 100 cases of upper and lower urinary tract infections due to B. coli were achieved with SULAMYD (Sulfacetimide-Schering), the powerful new sulfonamide of greater safety. In B. coli infections of the urinary tract, its efficiency is so high as to class it "almost a specific" (Barnes and Welebir). In addition, SULAMYD is "better tolerated than other sulfonamides" (Lancet 1:144, 1941) because the inherent toxicity of other sulfonamides is markedly diminished by the incorporation of the acetyl imide structure.

Hugh H. Young and his staff, the first to introduce SULAMYD (Sulfacetimide-Schering) to the American medical profession, declare: "the toxicity of sulfacetimide is low...even when the blood level is relatively high" (J. Urol. 45:903, 1941). The average course of treatment consists of daily doses (divided into four parts) of 4 grams for three days, then 3 grams for three days, then 2 grams for four days.

A trial supply of SULAMYD* for B. coli urinary tract infections will be furnished upon request to the Medical Research Division, Dept. 519A.

*Trade-Mark Reg. U.S. Pat. Off.

SCHERING CORPORATION · BLOOMFIELD · NEW JERSEY

Obligations to render first aid

ACCORDING TO HOYLE

"Dr. Hoyle," asked the young doctor, "do you think a physician has a right to drive past the scene of an automobile accident without offering first aid?"

"Well, Bob," answered Dr. Hoyle, "it sounds as though your conscience has been bothering you. Tell me more."

"It happened this way. I was driving through Engleboro—that's in the next State, you know. We came upon the scene of an accident. It didn't look bad. One man hurt. He was sitting on the running board, holding his handkerchief against a cut on his forehead. I didn't stop. . .well, for a lot of reasons."

"That's odd. I mean, the way you put it. You might have had a good reason for not stopping. But a fellow who can think of a *lot* of reasons for not doing something must feel sort of guilty."

"Not at all," protested the young physician. "In the first place, I don't have a license to practice in that State. And I didn't have my bag with me. Anyway, the man wasn't hurt much, and there's a first class hospital a few miles away. If I had tried to suture that laceration out on the road it would have been a messy job. For being a good samaritan, I'd probably have gotten nothing in return—except, possibly, a malpractice suit."

"Let's analyze those reasons," suggested Dr. Hoyle. "First, you say you had no license in that State. But the fact is you don't *need* a license to administer first aid. Anybody, physician or layman, can do that.[1] On the other hand, there's no law which says you *must* render first aid.[2] So don't lose any sleep over a possible breach of legal duty. I need hardly say, however, that there's more to medicine than legal rights and obligations."

"I suppose you mean I had an ethical duty. But still, I didn't have my bag with me," the young practitioner explained.

"Sure enough. But you did have a better knowledge of first aid than any layman. Even without equipment, you might have checked dangerous bleeding. A tourniquet can be made out of a rag and a stick of wood. Every Boy Scout knows that. At least you might have driven the injured person to the hospital."

"But," persisted the other, "wouldn't I have incurred legal liabilities if I had started even that

---

Dr. Hoyle is the pseudonym of a doctor with an extensive background of active practice, a man prominent in the affairs of his medical society, familiar with the legal obligations of the physician and sensitive to his ethical duties. From time to time he will discuss, in the intimate and practical fashion of this article, some of the problems that throw sand in the machinery of a doctor's relationships with his patients and with his fellow practitioners.

much treatment?"

"That's right," admitted Dr. Hoyle. "Once you undertake a case, you are not at liberty to discontinue attendance without reasonable cause, proper notice, and adequate provision for the patient's safety.[3]"

"Then I really might have gotten into trouble by being the good samaritan?"

"Quite true—but nobody should be a doctor if he isn't willing to endure interruptions of his holidays, trumped-up malpractice suits, and unpaid bills."

"Well, I'm not worried. After all, Dr. Hoyle, there are only two real emergencies: suffocation and hemorrhage. Anything else can wait. With lacerations, bruises, and even fractures another few minutes won't jeopardize anybody's life."

"Perhaps," Dr. Hoyle replied. "But if you follow that catchphrase, I'm sure you'll regret it some day. A few minutes may turn into half an hour, and that can make a big difference. Infection, rabid saliva, gas bacilli, tetanus—they can all get in pretty deep in a relatively short time. And you know how much malposition a leg may assume if you wait too long before splinting. Seems to me, in the last analysis, that a doctor has to render emergency treatment whenever he happens to be on the spot or whenever he is called to it. The law doesn't say so. But there's something just as strong that does."

[1]Such, for example, are the provisions in section 2872 of Alabama's Medical Practice Act; section 22 of the California statute; and paragraph 9 of the New Jersey Medical Practice Act. Most States have similar laws exempting first aid from licensing requirements.

[2]In Hurley v. Eddingfield, 156 Indiana 416, it was held that "there is no liability on the part of the physician to render service to all who apply." This seems to be the universal rule. For example, see also Urrutia v. Patino, 297 S.W. 512; or Rae v. Nelson, 277 Pac. 75.

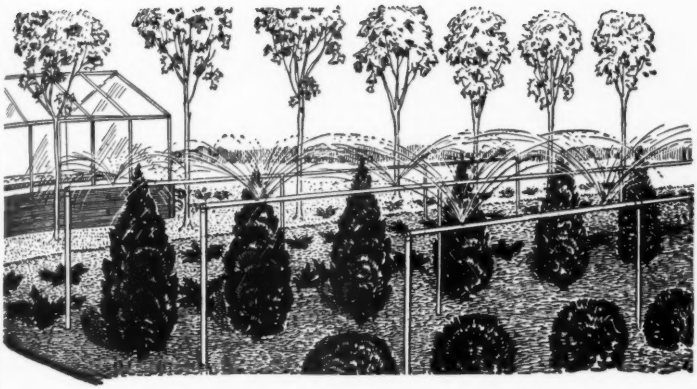
[3]So held, among other cases, in Bolles v. Kinton, 263 Pac. 26; and in Young v. Jordon, 145 S.E. 41. Also p. 30, "Legal Medicine and Toxicology," by Ralph Webster (Saunders, Philadelphia; 1930).

Army faces M.D. shortage

[*Continued from page* 55]

in the medical corps personnel division include substantial evidence that the deferment privilege has been abused all too frequently.

A second partial solution to the problem may be effected by cutting down the medical staffs at-



To Aid Nature, Man Ingeniously Maintains a "Water Balance" in a Thirsty Soil

"BOUND WATER"

Relieves the "Thirsty" Bowel

"The major difference between a normal stool and a constipated stool is that the latter is deficient in water."*

The prime objective, therefore, in the corrective treatment of bowel stasis is obvious—to supply that agent to the dehydrated, constipated stool which will *hold water* and prevent the recurrence of dry, hard, packed, inspissated masses in the bowel.

The agent that has been used to accomplish this purpose is the hydrophilic, water-binding hemicellulose

MUCILOSE

Mucilose helps to restore normal consistency, normal bulk, normal peristalsis, without vitamin absorption or tendency toward leakage.

*Oelgoetz, A. W., Oelgoetz, P. A. and Wittekind, J., Studies in Bowel Drainage, Am. J. Diges. Dis. & Nutrition, 3:549 (October) 1936.

FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York Kansas City San Francisco Windsor, Ontario Sydney, Australia

FREDERICK STEARNS & COMPANY, Detroit, Michigan Dept. M.E. 11-41

Please send me a clinical supply of Mucilose.

Name ..... M.D.

Address .....

City ..... State .....

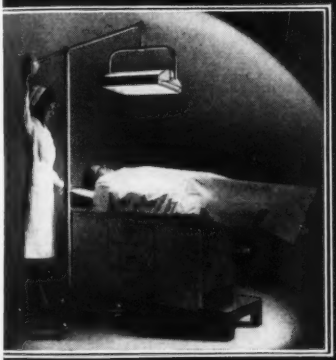
tached to army station hospitals and reassigning the personnel thus made available to field duty or to hospitals in new camps.

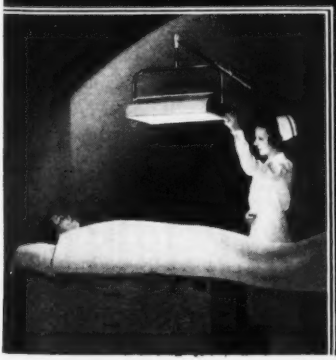
These two expedients may alleviate the current shortage. But they offer no hope of meeting an expansion program or of providing replacements to relieve physicians now in uniform.

Obviously, additional appointments must be made from civil life. Yet pitifully few doctors are willing to take reserve commissions as first lieutenants. Serious consideration is therefore being given to the proposal that appointments be made in higher grades. This provision would be coupled with a lifting of the maximum age limit of 35, since the reservoir of available physicians 35 or under is already depleted.

Before any such measures are instituted, regulations governing promotions will almost certainly be overhauled so that doctors now on active duty can be advanced to higher grades. A significant number of medical reserve officers, the Surgeon General realizes, are fulfilling assignments which properly should be rewarded with higher ranking and pay. A case in point is the lieutenant now in charge of the urological service at one of the large medical department general hospitals. According to army Tables of Organization this man clearly merits ranking as a major, yet according to present promotion methods he must have been a member of the reserve corps for three years before he may be advanced even to the grade of captain.

In a very real sense, the medical corps is hampered by War Department red tape in its efforts to ob-





Bring Cool Daylight

into Your Office

Nowhere can the physician find a more ideal light for his office than in Ritter Fluorescent Lighting. No other light offers all the advantages offered by these distinctive types. They are ideal for diagnostic and operative work . . . they bring out tissues in their actual and natural pigmentation.

Cool . . . economical . . . they augment daylight within the physician's own office . . . there is no over- or under-illumination . . . they are glare free . . . shadowless . . . easy to position.

Ritter offers three types of fluorescent lighting — wall bracket, ceiling and mobile . . . and in a choice of seven standard colors. Literature on request. Available only through recognized surgical dealers.

Ritter

EQUIPMENT CO., INC.

Ritter Park, Rochester, N. Y.

tain approval for these essential reforms. The War Department explains its failure to remove age restrictions and speed up promotions in the case of the medical corps reserve by saying that such action would encourage other branches of the service to make similar demands and that cries of favoritism would be raised both within the service and among the general public.

It is possible that a plan for speeding promotions in all branches of the service will be decided upon, but until that day the medical corps will continue to suffer more severely than any other army group. The extent of the sacrifice being made by physician-officers, and an explanation of why civilian doctors are reluctant to join the medical corps reserve, are strikingly revealed as follows:

Of a recent total of 8,450 reserve medical officers on active duty, 6,160, or 73 per cent, were first lieutenants with annual pay and allowances of $2,696 (without dependents) or $3,152 (with dependents). Another 1,606, or 19 per cent, were serving as captains, at $3,450 or $3,905. Meanwhile, in civilian life, the average annual net income of full specialists is $6,184; of partial specialists, $4,507; and of general practitioners, $3,969.

From a military standpoint, the weight of all this evidence is clearly in favor of establishing the much-discussed Procurement and Assignment Agency for Medical Personnel.* This agency, which would be empowered to order any U. S. physician to army or other emergency duty, is reported to have gained the approval of Secretaries Stimson and Knox. But many medical corps officials are skeptical of its reaching the legislative stage until a general mobilization for war is ordered.

—ARTHUR SPANE

* See August MEDICAL ECONOMICS.

Outlook for OALR

[*Continued from page* 75]

skilled and experienced he has a right to perform T & A's. Otherwise not." So says a West Coast specialist in a notably moderate approach to a highly controversial issue. Others are palpably less restrained:

"The tonsillectomies done by some pediatricians and G.P.'s hereabouts are practically criminal"...

I spent two years in that elevator!

1. Up and down . . . up and down . . . all night long I nurse that animated bird-cage from main floor to attic. It gets tire-some, after two years. But, anyway, I got social life. Me and the vice-president are just like that!

2. He stays late, and we get talking. One night, I ask him why he works so late. He says coffee's to blame. The caffein in it keeps him awake. But he loves coffee, so he drinks it, anyway. Then he can't sleep, so he works.

3. Then I tell him what my doctor said about Sanka Coffee: "The Council on Foods of the American Medical Association says: 'Sanka Coffee is free from caffein effect and can be used when other coffee has been forbidden'."

4. "Sanka Coffee is 97% caffein-free!" I add. So he says he'll try it. Night or so later he comes in beaming. Says now he sleeps . . . and he offers me a job in his office. Hereafter, I *walk* downstairs . . . and it's a treat!

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE!

MAIL THE COUPON for a quarter-pound can of Sanka Coffee—free! Sanka Coffee is *all* coffee . . . *real* coffee. Only the caffein comes out . . . *the flavor stays in!* "Drip" or "Regular" Grind. A General Foods Product.

GENERAL FOODS, Battle Creek, Mich. M. E. 11-41

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name_____

Street_____

City_____ State_____

This offer expires March 31, 1942
Good only in the U. S. A.

"They're taking chances daily". . . "G.P.'s, general surgeons, and pediatricians often do wholesale, needless, and mediocre T & A's". . . "Even anesthetists take a crack at them here". . ."In this city pediatricians stage a tonsillar massacre every Summer, yet if I removed an appendix I'd be run out of town" . . ."Poor workmanship occurs in nine cases out of ten."

Which perhaps conveys the heat with which some physicians regard the question. Many of course take a broader view, as for example the Southern specialist who writes: "The whole controversy boils down to qualification. Since before the depression, T & A's have been growing less and less the prerogative of otolaryngologists—which is all right if the operator can handle emergencies like hemorrhage. I know plenty of general practitioners who are capable of excellent work, and some specialists who aren't."

Says a New England specialist: "It seems to me that we should avoid the guild or labor union attitude, and get on with treating sickness. Many of the half-done jobs end up in our hands anyway. And T & A's shouldn't constitute the backbone of an otolaryngology practice, except perhaps for beginners."

Remarks another physician: "If a specialist isn't sufficiently skillful to meet this competition, he isn't worth his salt."

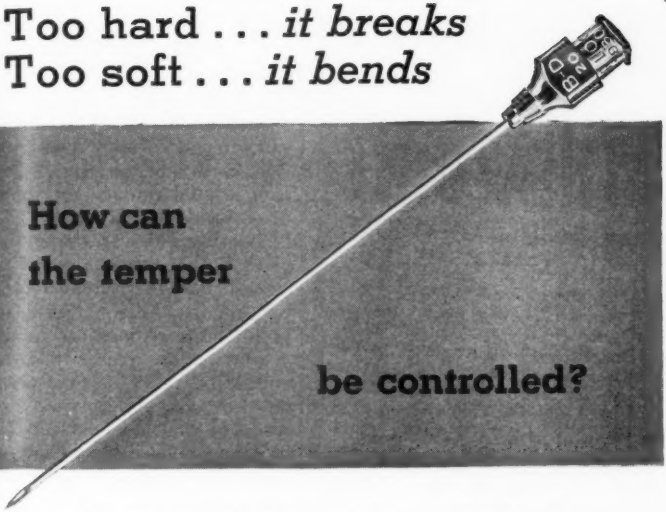
Synthesis of the opinions reported, viewed trendwise, suggests the following conclusions: (1) Except in a few localities where hospitals carefully limit multiple privileges, T & A's are no longer the "bread and butter" of otolaryngology. (2) Result is a further difficulty in the way of a man attempting to build a specialty practice.

OTHER TRENDS

OALRists discern several possible developments which may result in economic benefit to their specialty. One is the growing public consciousness of allergies. While it is

NARCOTIC PERMITS: There's no denying that prescription blanks make handy memo paper. Or that it's easy to use them as a quick way to give your name and address. But when you use a prescription blank in this manner, be sure to tear off the registry number of your narcotic permit. Doctors have had difficulties with the Government narcotic bureau authorities through failure to observe this simple precaution.

Too hard . . . *it breaks*
Too soft . . . *it bends*



HYPODERMIC tubing is drawn to very fine dimensions. The wall of a 26 gauge needle, for example, is four thousandths of an inch thick.

If the tubing is tempered too hard, excess breakage occurs. If tempered too soft, the needle will bend before penetration. Between the two lies the art of making needles stiff enough to puncture and flexible enough not to break in use. All B-D hypodermic tubing is tested and all B-D Needles are tested individually for temper.

Firth-Brearley Stainless Steel, in Erusto Needles, possesses a stiff temper. Hyperchrome Steel, in Yale Rustless Needles, is somewhat more flexible. Within the limitations of the steel itself, all B-D Needles will perform satisfactorily.

A size heavier gauge improves the stiffness when the length of the needle used invites too much lateral pressure.

B-D PRODUCTS
Made for the Profession

B-D Needles

B-D YALE
OF HYPER-CHROME STEEL
COMPLETELY RUSTLESS

B-D ERUSTO
OF FIRTH-BREARLEY STAINLESS STEEL
HIGHLY RUST-RESISTANT

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

the custom of many ALRists to refer such cases, an increasing number are treating nasal allergies themselves.

Also discussed where OALRists gather are two other possibilities. One is the belief that otologists have an undeveloped future in the prescription and fitting of the newer hearing aids. The other possibility is that optometrists will become decreasingly important competitors of ophthalmologists as the public becomes more aware of the distinction between optometrists and M.D.'s. But since aspects of these predictions are debatable, it seems wise to judge them as backed by less conclusive evidence than are the six basic trends sketched previously.

CONCLUSIONS

A doctor entering OALR today can reasonably anticipate certain specific advantages. He will be entering a field which comes closer to the scientifically exact than do most specialties. Chances are that his hours will be shorter, his income better, his collections less problematical, than in, say, general practice.

On the other side of the ledger are indisputable liabilities. He will very likely find the specialty competitive to a degree which may mean as many as five or more lean years at first. He will find that surgery (and surgical fees) are a decreasing part of OALR. His investment in equipment will probably have to be above average. And viewed by past standards, he'll probably have to see more patients to earn the same income.

"To a well-trained, temperamentally fitted doctor," says one of the

A HIGHLY efficient emmenagogue, Ergoapiol acts to normalize menstrual function by inducing pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions. It also constitutes a desirable hemostatic agent to help control excessive bleeding.

Welcome Relief in Menstrual Disturbances with

ERGOAPIOL (Smith)

INDICATIONS
Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause, in Obstetrics.

DOSAGE
One to two capsules three or four times daily.

HOW SUPPLIED
In ethical packages of 20 capsules.

These properties enable the physician by symptomatic treatment to ameliorate the distress of amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia of functional origin. Its unusual efficacy arises from its balanced content of all the alkaloids of ergot, together with apiol (M. H. S. Special), oil of savin and aloin... May we send you a copy of the comprehensive booklet, "Menstrual Regulation"?

Ethical protective mark, M. H. S., visible only when capsule is cut in half at seam.

MARTIN H. SMITH CO.
150 LAFAYETTE STREET
NEW YORK, N. Y.

An outstanding natural source of Vitamin B Complex factors

Purified entire wheat embryo — vacuum-packed to guarantee freshness, full nutrient value.

Embo has become increasingly valued as a concentrated "storehouse" of the Vitamin B Complex factors natural to wheat germ. Besides being rich in thiamin (Vitamin B_1 — 280 Int. Units per oz.), it is a good source of riboflavin (Vitamin G — 110 S-B Units per oz.), and contains other valuable components of the B Complex. It is relatively rich in phosphorus and in iron, containing 7 mgs. of iron per 100 grams of Embo, or nearly as much per gram as beef liver. Embo also contains approximately 30% protein, and about 11.5% oil — the proportion natural to the germ.

Embo is specially selected fresh wheat germ, carefully processed and packed to insure fine flavor, full potency. We invite you to send for a sample and literature. Embo's many advantages as a source of natural Vitamin B Complex factors are worth investigating.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Embo is not advertised to the laity

GENERAL MILLS, INC.
MINNEAPOLIS, MINNESOTA

"EMBO" is a registered trade mark of General Mills, Inc.

SEND FOR *FREE* PROFESSIONAL SAMPLE

General Mills, Inc., Minneapolis, Minnesota — ME 11-41
Please send free Professional Sample of Embo.

Name.....

Address.....

City..... State.....

Please indicate specialty, if any: .....

best known otolaryngologists in the country, "it's just about the finest specialty in medicine. But make no mistake—the easy money days are gone forever."

Effects of draft-exam order

[*Continued from page* 43]

amination system. The four supporting reasons most often put forward may briefly be summarized thus:

Reduced practice. "Five or more working hours a week devoted to examining registrants mean that I necessarily lose $10 to $25 a week in fees. It's a sacrifice I can't easily afford." (The average amount of time per month given to these examinations was reported to be twenty-one hours.)

Other costs. "Office overhead, wear and tear on diagnostic equipment, supplies, and similar expenses mean that we contribute substantially more than earning time alone."

Lost good-will. "Not infrequently draft board service means losing patients. This danger is always present when we pass a youngster whose family wants him deferred. Professional reputations are sometimes injured, as when registrants we pass are later turned down by induction centers."

Disproportionate contribution. "Practically all other civilians connected with the defense effort are paid. I don't see many patriotic manufacturers giving away free airplanes, nor patriotic labor unions giving away twenty or more free hours a month."

Asked if their present volume of draft examinations was such that they felt they should be paid for it,

84.6 per cent answered "yes." Chief reasons given were variants on the criticisms listed above.

The minority who opposed payment attributed their stand to patriotism, and to the feeling that most men in service were making a greater contribution. They expressed a desire to avoid bringing unfavorable publicity upon the profession. Other motives were a wish to keep the positions non-political, plus a belief that payment might constitute an entering wedge for socialized medicine.

Also revealed was another undercurrent of dissatisfaction: "Theoretically we're volunteers; but many of us were chosen in a way that minimized the voluntary side of it. I have nothing but cold resentment for a medical leadership which barters our services, without consulting us, to a government hostile to private practice."

Others felt that discontent among local examiners was largely a teapot tempest: "I'll concede the job is an imposition of sorts. But we shouldn't forget that a certain amount of grousing is a national characteristic."

The questionnaire asked what possible revisions of the dual examination system offered most promise. Local board doctors voted as follows:

Pay local board examiners	46.4%
Let army doctors do the work	23.5%
Do either of the above	8.7%
Spread work among more unpaid civilian M.D.'s	5.8%
Make no change	5.2%
Miscellaneous	10.4%
	100 %

As revealed by this table, over three-fourths of the physicians responding voted either for paying local examiners or for giving the task to army medical officers. In the light of subsequent developments, the comments of two physicians seem particularly appropriate. Said a Connecticut doctor:

"The ultimate responsibility properly rests with the army alone. After all, it should be familiar with what it wants. Local examiners have been receiving much unjust criticism for failing to anticipate the idiocyncrasies of army induction doctors."

"A single exam, given according to a single standard, is the only sensible way," remarked an Iowa physician. "The army could do it —though it might mean a few less medical officers available for truck-driving and latrine-inspecting."

—ALBERT WILSON

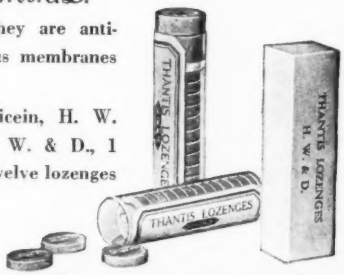
Thantis Season

Wintry weather brings with it the usual prevalence of throat affections. Thantis Lozenges, H. W. & D., were developed for medical use in the treatment of throat soreness and irritation and following tonsillectomy. They dissolve slowly, permitting prolonged throat medication.

Thantis Lozenges, H.W.&D.

are convenient and economical. They are antiseptic and anesthetic for the mucous membranes of the throat and mouth.

Thantis Lozenges contain Merodicein, H. W. & D., 1/8 grain, and Saligenin, H. W. & D., 1 grain. They are supplied in vials of twelve lozenges each.



HYNSON, WESTCOTT & DUNNING, INC., Baltimore, Md.

Treat **ECZEMA** *the Improved New Way*

Prescribe SUPERTAH OINTMENT

SUPERTAH ointment is a white non-staining ointment prepared from a crude coal tar concentrate, uniformly milled in proper proportions to equal either a 5% or 10% crude tar ointment.

"It has proven as valuable as the black coal tar preparation and the advantage of the diminution of the black color is perfectly obvious."* SUPERTAH Ointment "does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulation following its application. It can remain on the skin indefinitely without fear of dermatitis."*

Prescribe SUPERTAH Ointment in original 2-oz. jars, either 5% or 10% strength. Free samples on request.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66

TAILBY-NASON COMPANY

KENDALL SQUARE STATION **BOSTON, MASSACHUSETTS**

For The Average Man

Dole Pineapple Juice is a good source of Thiamin and Ascorbic Acid

Authoritative analyses and assays accepted by the Council on Foods and Nutrition of the American Medical Association show that a 6-oz. serving of Dole Pineapple Juice (approximately 100 calories) contains 240 I. U. of Vitamin C (Ascorbic Acid) and 100 I. U. of Vitamin B_1 (Thiamin).

Notice the chart below. It indicates what Dole Pineapple Juice contributes to the daily allowances for specific nutrients recommended by the Committee on Food and Nutrition of the National Research Council. The left-hand column gives recommended amounts. The right-hand column represents the percentage of the recommendations found in a 6-oz. serving of Dole Pineapple Juice.

Dole Pineapple Juice is also a good source of Vitamins B_1 and C for women and children. It is tempting to healthy appetites and easily assimilated. It is the true, undiluted juice of sun-ripened pineapples and a satisfactory addition to the fruit juice diet.

Percentage contributed to daily recommendations by a 6-oz. serving of Dole Pineapple Juice	THIAMIN B_1		ASCORBIC ACID C	
	REC. N.R.C. MGS.	DOLE	REC. N.R.C. MGS.	DOLE
Moderately Active	1.8	17%	75.	16%
Very Active	2.3	13%	75.	16%
Sedentary	1.5	20%	75.	16%

DOLE Hawaiian Pineapple Juice FROM HAWAII U.S.A.

THE NEWSVANE

Army Health Rates High

Dr. Perrin H. Long, head of Johns Hopkins' department of preventive medicine, is "extremely impressed by the health record in the Army." Following an informal tour of army camps in the South and Southwest, Dr. Long wrote to Surgeon General Magee: "If it were not for a few older officers whose hearts won't stand the gaff, and if automobiles were not so plentiful, there would be practically no deaths in any of the camps."

Lady Banting Carries On

Lady Banting, widow of the co-discoverer of insulin, has begun the study of medicine as a second-year student at the University of Toronto. Sir Frederick Banting lost his life in February of this year when a bomber carrying him on a war mission crashed. Lady Banting already holds B.A. and M.A. degrees.

Medical Parachutists

Two medical officers and fifteen medical department enlisted men, all of whom will be qualified parachutists, have been assigned to each of the army's new infantry parachute battalions undergoing training at Fort Benning, Ga.

From an overflow list of volunteers, the medical personnel was selected for high standards of physical ability and professional attainment. In maneuvers and in battle the medical detachment will accompany the parachute troops when they jump from airplanes and will set up aid stations in the combat area.

Special medical equipment will be dropped by parachute to the medical unit. The equipment—from bandages to sterilizers—is packed in standard air-delivery containers so that it can be dropped without damage.

Ruling on Hatch Act

Doctors who serve as voluntary, unpaid members of the Selective Service administration are not affected by the provisions of the Hatch Act, which prohibits Federal employes from taking active part in political campaigns, according to an opinion received by New York City Selective Service officials from national headquarters. Local board examining physicians and members of medical advisory boards are free to participate in the forthcoming political campaign without violating the law, the opinion held.

Parran Sees Rationing

"Rationing our own use of some critically important foods" may soon be necessary in the U.S. in order to supply the British, according to Surgeon General Thomas Parran Jr.

Dr. Parran said that a 50 per cent increase in production of milk and milk products is necessary before the U.S. itself is "properly fed." However, he proposed temporarily increasing this shortage in an effort to meet Britain's "desperate need for these and all other concentrated protein foods."

Osteopaths vs. the Draft

The same provisions under which properly qualified physicians and

medical students may receive deferments from military training may be extended to include osteopaths and students of osteopathy, according to a recent memorandum from Selective Service national headquarters to all local boards. "Where practitioners are qualified by training, and are licensed to perform such civilian services as may necessarily be left undone by other members of the medical profession, they may be deferred," Selective Service declared.

Rush Nazi M.D.'s to Army

Germany is commissioning its doctors into active military service after only two years of medical school, according to authoritative sources. Great complaint about their inadequacy is reported.

Hits Drug Profiteers

Because prices of some chemicals commonly used in the manufacture of drugs and other products have been boosted 100 to 400 per cent, the Office of Price Administration and Civilian Supply has asked the Department of Justice to act to eliminate "priority profiteers." Brokers who have entered the field within the past year are the principal offenders, according to the OPACS.

Meanwhile, prices of a number of drug products will be fixed by a new OPACS division as soon as necessary investigations are completed.

Doctors Take Own Pulses

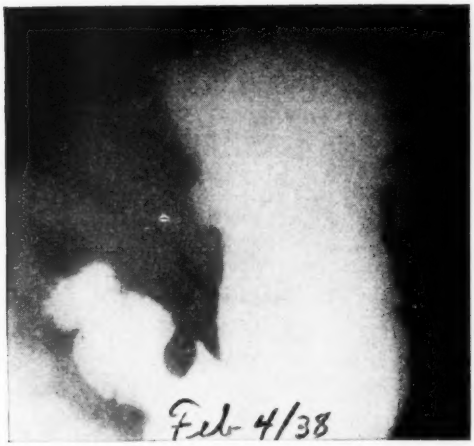
Study of the ills, physical and mental, of a thousand local physicians over a period of five years will be undertaken by a Philadelphia County Medical Society committee charged with safeguarding the health of members.

Indict Brinkley, Aides

Mail frauds in connection with 16,000 rejuvenation treatments at $750 each—a total of $12,000,000 in fees—are charged against Dr. John R. Brinkley, 56-year-old gland specialist who recently underwent a leg amputation. His wife and six former employes are also included in a Federal indictment filed at Little Rock, Ark. Fifteen counts cite widely circulated letters and pamphlets offering rejuvenation services available at a hospital the Brinkleys operated. Grand Jury action followed investigation by U. S. Post Office Inspector Ira Ross.

White Cross Hails Record

After a year of operation, Boston's White Cross medical service plan believes it has "evidence that the intimate doctor-patient relationship is enhanced rather than injured by the



3

EXCLUSIVE ADVANTAGES IN THE TREATMENT OF PEPTIC ULCER

FLUAGEL (Aluminum Hydroxide-Breon)

In the management of peptic ulcer and gastric hyperacidity, Fluagel offers three unique advantages: (1) It neutralizes not less than 102 cc. of 0.36% HCl per teaspoonful (4 cc.), 25 times its volume of N/10 HCl, virtually twice as much as other aluminum hydroxide preparations; (2) it is effective in smaller dosage; (3) it is active over a longer period, reducing frequency of administration. Fluagel produces speedier relief of pain and comparatively rapid healing of the lesion. It does not lead to alkalosis, chloride depletion, or secondary acid rise.

The attractive orange taste and color of Fluagel assure patient cooperation and make for ready identification. Average dose, 1 teaspoonful four times daily after meals and before bedtime. Supplied in convenient 10-ounce wide-mouth jars.

GEORGE A. BREON & CO., Inc.

Pharmaceutical Chemists

KANSAS CITY, MISSOURI

NEW YORK • LOS ANGELES • ATLANTA • SEATTLE

removal of financial barriers." The White Cross is independent of the State medical society and is championed by Dr. Hugh Cabot and other Boston physicians.

Officials of the prepayment plan add that its subscribers received an average of 4.7 physician services each during the year, as compared with 2.7 received by the average citizen. Of all services provided by associated physicians, 83 per cent were rendered in office or hospital, as compared with 62 per cent thus rendered in ordinary practice. Patients have visited doctors earlier and have made possible a significant increase in preventive medical care, the White Cross reports.

Strike Hits Hospitals

The wave of strikes affecting hospitals took a new turn in Kansas City recently when an A.F. of L. union local decided to cut off all electric current in the metropolitan area.

Because union leader Albert F. Wright called the strike without warning, he was taken into custody by police. "If anybody dies as a result of this strike I am going to see if I can't file a murder charge against you," Police Chief Harold Anderson told Wright, adding, "Did you realize all the hazards to the public—particularly to hospitals?"

"No, I didn't realize about all that," Wright answered.

Hospitals got through the emergency with no fatalities, although an infantile paralysis victim almost succumbed before the current was finally switched on enabling doctors to return him to an automatic respirator.

Fair Health Advice

Visitors at the Illinois State Fair, old and young alike, found trained specialists ready and willing to talk over their health problems. They were welcomed at an exhibit of the State Department of Public Health, where

booths were provided for private consultation. Nursing, nutrition, disease prevention, and mental hygiene were topics popular with those who took advantage of the service.

Physically Fit Females

One hundred thousand defense-minded women are being recruited for health exercises by the American Women's Voluntary Services, Inc. With 135 chapters, the organization is planning group calisthenics rallies, some involving 1,000 women at a time. The program will be launched in New York and Washington, and subsequently will be extended to smaller communities throughout the nation.

Sales Tax for Hospitals

New York City hospitals accepting indigent patients would receive part of the city's sales tax under a bill drafted by State Senator Phelps. War relief fund-raising campaigns have drained many sources of voluntary contributions, and hospitals serving the poor will fail to meet overhead costs unless they receive tax aid, Phelps declares.

Aid to Bomb Victims

Surgical reconstruction equipment and experts to operate it are needed immediately in England, according to Dr. Fred H. Albee, president of the International College of Surgeons. Only twelve surgeons there today can do such work, eight in the orthopedic field and four in plastic surgery; and equipment such as bone mills, orthopedic tables, special bed frames, and delicate instruments for facial operations is even scarcer, Dr. Albee declares.

The number of air raid victims' wounds necessitating bone or facial reconstruction is said to be far greater today than it was during World War I. Dr. Maxwell Maltz, surgical

"Buffering" THE DIET

USE HORLICK'S–FORTIFIED TO HELP MAINTAIN

INCLUSIVE NUTRITION

A carefully planned diet may be largely defeated through the appetite peculiarities or digestive response of the individual.

Horlick's Malted Milk–Fortified is a well-balanced basically nutritious food, rich in a majority of the protective factors. It is an excellent source of vitamins A, B_1, D, and G, as well as calcium and phosphorus. Horlick's affords a convenient means of "buffering" the diet to help maintain *inclusive* nutrition.

EASY TO DIGEST

Horlick's is exceedingly easy to digest. It produces no troublesome curds in the stomach when mixed with water. It so modifies milk that soft flocculent curds are formed.

The cereal carbohydrates of Horlick's are made soluble by enzyme digestion. The product is homogenized in vacuum for greater digestibility of fat and protein.

Horlick's is produced from full cream milk, wheat and barley. It provides a high quality protein as well as energy producing fat and carbohydrates.

In addition to the vitamins which occur naturally in the ingredients, the following vitamins have been added to each ounce of Horlick's–Fortified:

VITAMIN A	1,334 U.S.P. UNITS	VITAMIN D	134 U.S.P. UNITS
VITAMIN B_1	84 U.S.P. UNITS	RIBOFLAVIN	340 GAMMA

As a liquid food, Horlick's is adapted for use both with and between meals. Ideal for frequent feedings. Its bland residue indicates its use in many conditions of gastro-intestinal disorder.

Write for physicians' samples and descriptive literature

HORLICK'S MALTED MILK CORPORATION
RACINE, WISCONSIN

reconstruction expert who worked in England during the last war, warns that speed in such operations is vital, not only to save lives but to avert lowered morale among those disfigured.

Sociology for Doctors

Knowledge of sociological conditions should go hand in hand with proficiency in medicine, Cornell Medical College students were told by Dr. Samuel Z. Levine at the opening of the current school year.

Dr. Levine urged establishment of a course in social medicine to "sow the seed of civic responsibility in the mind of the student." Present-day medical training, he said, grossly neglects such matters as family income, housing, clothing, nutrition, and educational and occupational conditions.

Hospitals in Spotlight

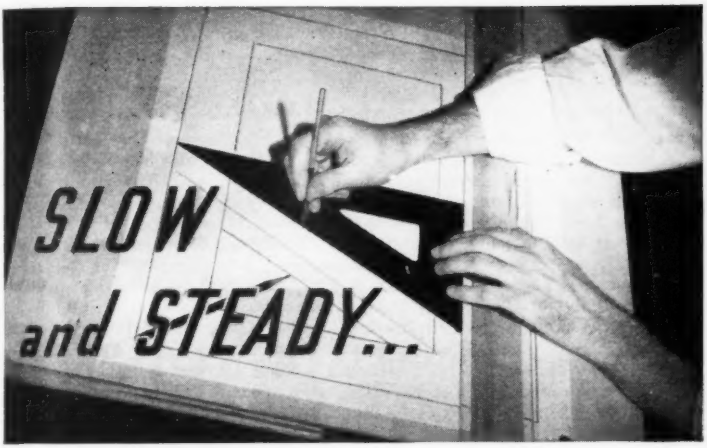
Blame for the shortage of internes and residents in U.S. hospitals is due to the hospitals' own public education program, in the opinion of Dr. Malcolm T. MacEachern, associate director of the American College of Surgeons.

Dr. MacEachern, speaking at the American Hospital Association convention, said the American people have been convinced of the superiority of hospital care over treatment in the home. He pointed out that the number of patients admitted to hospitals increased by 428,000 last year, while hospital capacity expanded by 31,219 beds.

There were 8,182 internеships available last year, an increase of 1,749 since 1935, according to Dr. MacEachern. In the same five years, however, the number of medical school graduates decreased.

Other highlights at the A.H.A. conclave:

Sixty-seven hospital service plans, with a combined enrollment of 7,500,000 persons from twenty-eight States, were admitted to membership in the



For over 60 years, Phillips' Milk of Magnesia has been standard in the practices of physicians as a reliable antacid-laxative form of medication.

Gentle, thorough. No carbonates in its make-up—hence no discomforting CO_2 bloating.

Palatable, too, and in convenient dosage forms:

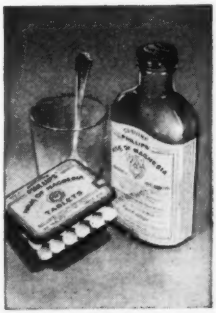
PHILLIPS' MILK OF MAGNESIA (Liquid)
PHILLIPS' MILK OF MAGNESIA TABLETS

DOSAGE:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls.

We will send you a sample on request.



PHILLIPS'
Milk of Magnesia

Prepared only by THE CHAS H PHILLIPS CHEMICAL CO New York NY

A.H.A. These plans, which have heretofore operated independent of direct association supervision, will be officially represented by a commission of nine members composed of representatives of the service plans, hospitals, and hospital trustees.

Refresher courses for inactive graduate nurses were suggested to the nursing section as one means of replacing 7,000 trained nurses who have left their hospitals to enter military service.

The average total cost of a hospitalized illness was placed at $150, a sum larger than the monthly income of 75 per cent of U.S. families.

Adoption of a civil service system was recommended by William J. Ellis, New Jersey Commissioner of Institutions and Agencies, as the proper method of assembling competent hospital personnel.

Patient population in U.S. hospitals averages one million persons a day, it was said. Last year, ten million patients were treated in 6,300 institutions having a total of 1,312,000 beds, including accommodations for 62,000 infants.

War-born agencies with their unending financial campaigns have caused a serious decrease in contributions to hospitals and welfare agencies, it was reported.

Seven Latin-American nations are cooperating with the U.S. in forming an Inter-American Hospital Association to further the Western Hemisphere "friendly neighbor" agreement adopted by the A.H.A.

Law O.K.'s Health Group

Camden's Community Health Service, Inc., is not an insurance business, Circuit Judge A. Dayton Oliphant ruled in dismissing a New Jersey Supreme Court action by the State Commissioner of Banking and Insurance. The Corporation had been charged with conducting an insurance business without a State license. However, the court pointed out that contract subscribers are entitled to medical services "whether or not they are needed" and that doctors receive stipulated compensation even if not called upon. "Neither as between the corporation and the physician nor as between the physician and the subscriber is the compensation or any other element of the arrangement between them affected by any hazard, contingency or risk," Judge Oliphant said.

Drivers' Blood Pressure

A pronounced incidence of low blood pressure among motorists repeatedly involved in accidents, is revealed in a study recently completed by the New York University Center for Safety Education.

Whereas 77 per cent of the accident

IDEAL FOR CONSTIPATION

IN

✓ PREGNANCY

✓ SENILITY

✓ *and* CONVALESCENCE

When gentle stimulation is desirable for the sluggish bowel, you will find it advantageous to employ the pleasant and stable cascara emulsion—

KONDREMUL

with Non-Bitter Extract of Cascara

This fine, creamy emulsion combines unusual palatability with therapeutic efficacy in the management of the atonic bowel.

Other forms of Kondremul:

KONDREMUL Plain—A stable emulsion of 55% mineral oil with Irish Moss (chondrus crispus).

KONDREMUL with Phenolphthalein—contains 2.2 grs. Phenolphthalein per tablespoonful of Kondremul.

THE E. L. PATCH COMPANY

BOSTON MASS.

THE E. L. PATCH CO. Dept. M.E. 11-41
Stoneham P.O., Boston, Mass.

Gentlemen: Please send me clinical trial bottle of
☐ KONDREMUL (with Phenolphthalein)
☐ KONDREMUL (with Non-Bitter Extract of Cascara)
☐ KONDREMUL (Plain)
(Mark Preference)

Dr. .....

Address .....

City ..... State .....

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

repeaters had low blood pressure, only 12 per cent of good drivers were found to be so afflicted.

In a report entitled "Personal Factors in Safe Operation of Motor Vehicles," the investigators recommend that initial drivers' licenses be given only after medical examinations. It is also suggested that drivers be required to submit a physician's certificate periodically, and that motorists involved in fatal or numerous accidents should be summoned for clinical examinations to determine their fitness.

Sea-going Hospitals

Because of its success with Mobile Base Hospital No. 1, now in Puerto Rico, the navy is pouring $300,000 into another 500-bed unit which will be shipped to Pearl Harbor, T.H. Two more mobile hospitals are planned for 1942, one each to be stationed on the Atlantic and Pacific coasts.

Inter-American Internes

Thirty-seven internes from fifteen South, Central, and Caribbean American countries have been placed in various U.S. hospitals for a year of study on special fellowships received through the office of Nelson A. Rockefeller, Co-ordinator of Inter-American Affairs.

Hospitals Begin To Roll

Surgical field hospital units, completely mobile, with self-contained operating facilities permanently installed in motor vehicles, have been authorized for purchase by the War Department following many months of exhaustive tests with experimental equipment.

Each unit will have the following vehicles in its train: four operating rooms, one sterilizing room, one X-ray room, one medical-supply and office truck, and seven other trucks

And that, Doctor, is what every patient says about

ELIXIR BETA-CONCEMIN

(B vitamins)

Complete Vitamin B Complex in HIGH Potency

THE tempting flavor of this balanced, potent source of whole vitamin B complex appeals to every patient—child, expectant mother, fussy invalid, or medicine-weary convalescent.

So potent is Elixir Beta-Concemin that three teaspoonfuls daily provide 1000 I.U. Vitamin B_1, 2000 gammas Vitamin B_2, 15 mg. nicotinic acid amide, 450 gammas Vitamin B_6, and 225 gammas pantothenic acid; together with factor W and other components of Vitamin B Complex as derived from liver. 4-oz. and 12-oz. bottles.

IN TABLETS, TOO—Each Beta-Concemin Tablet equals in potency ½ teaspoonful of the Elixir. Bottles of 100.

Trade Mark "Beta-Concemin" Reg. U. S. Pat. Off.

NEW—For the anemic patient: CAPSULES BETA-CONCEMIN WITH FERROUS SULFATE. Available in bottles of 100. Write for literature and sample.

THE WM. S. MERRELL COMPANY

Founded 1828 • **Cincinnati, U. S. A.**

carrying mobile power plants, medical supplies, water tanks, and personnel of the hospital command.

The four operating rooms will be lighted, heated, and ventilated, and will be fully equipped to handle up to eighty major operations in twenty-four hours.

Compulsory Deficit

San Francisco physicians are still trying to get the city's compulsory health service system for municipal employees to balance premiums and benefits. The amount owing to doctors for uncompensated services has piled up to $300,000 in two years, the county medical society charges in asking for a new deal. Care provided to dependents of municipal workers and to retired employes has turned out to be a greater burden than original estimates predicted, the physicians declare.

Plastic Surgeons Trained

Highly specialized training in plastic and maxillofacial surgery is being given to selected members of the medical and dental corps in a series of four-weeks courses recently instituted at the Army Medical Center, Washington, D.C.

Sets Ideal of Service

Advising his listeners to scrutinize all new medical service plans to see that they preserve the individual doctor-patient relationship, Dr. Arthur C. DeGraff warned incoming students at New York University Medical School thus:

"More and more physicians are becoming salaried employees and their freedom of action. . .is sometimes seriously interfered with. Doctors are often forced to take care of large numbers of patients with inadequate equipment and supplies. The superior officer may be a layman who is not at all sympathetic with the doctor's

NOW—WHEN EVERY STEP FORWARD IN NATIONAL NUTRITION COUNTS SO MUCH...

Nucoa Becomes Better than Ever!

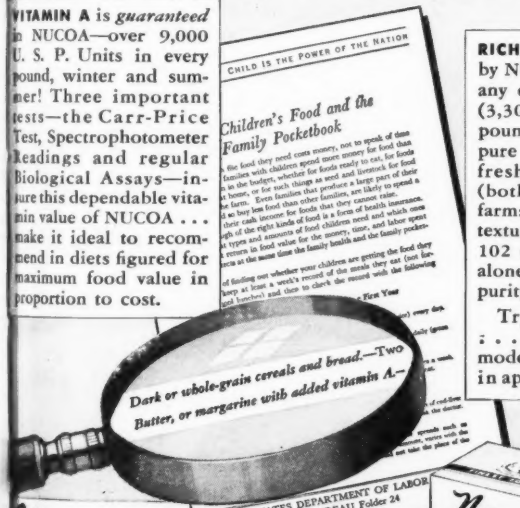
ch delicious pound of this st margarine to add Vitamin now contains 9,000 units of

VITAMIN A*

***A Vitamin A content comparable to that of butter, which is, on the average, approximately 9,000 United States Pharmacopoeia Units per pound." (See Federal Register, June 7, 1941, p. 2762.)**

HOW NUCOA FITS INTO THE NATIONAL "NUTRITION FOR DEFENSE" PROGRAM

VITAMIN A is *guaranteed* in NUCOA—over 9,000 U. S. P. Units in every pound, winter and summer! Three important tests—the Carr-Price Test, Spectrophotometer Readings and regular Biological Assays—insure this dependable vitamin value of NUCOA . . . make it ideal to recommend in diets figured for maximum food value in proportion to cost.



RICH FOOD-ENERGY is supplied by NUCOA as generously as by any churned spread for bread (3,300 food-energy calories per pound). And NUCOA, made with pure *vegetable* oils churned in fresh pasteurized skim milk (both products of American farms), is pleasing in flavor and texture . . . highly digestible. 102 tests daily—54 on the oil alone—insure NUCOA'S *uniform* purity and food value.

Try NUCOA in your own home . . . learn why this delicious modern margarine is included in approved diets today.

Nourishing

NUCOA

OF AMERICA'S GOOD "PROTECTIVE VITAMIN A" FOODS

point of view. It is impossible under those conditions for a doctor to give adequate service."

Public Health Guinea Pig

Public health needs and facilities will be extensively investigated, and health department efficiency will be surveyed, in a special study to be conducted by the American Public Health Association in which the Illinois Department of Health will be the subject. It is hoped that greater economy and wider service will be effected as a result of the six- to eight-months study, which has the approval of the U.S. Public Health Service.

WPA First Aid Training

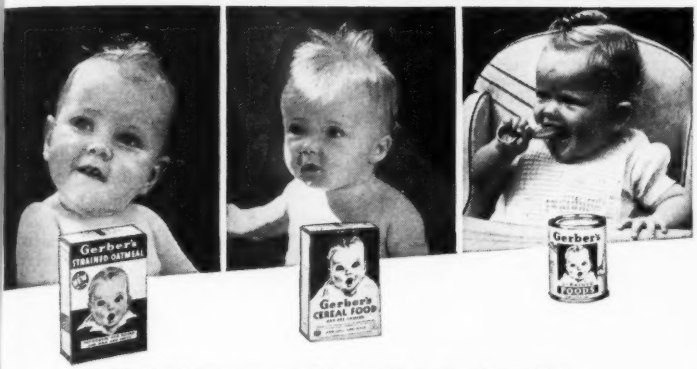
Entering a new field, the WPA has launched a project in New York City which will train thousands of first aid workers for emergency needs. Approximately $184,000 will be spent on the project within twelve months. The work will be carried out in association with the city health department and the American Red Cross. A primary objective will be the establishment of an active file of all persons trained in first aid, home hygiene and home nursing, and nutrition and dietetics.

Free Collection Service

The Arrow Service, of Schenectady, N.Y., has announced that it will send free of charge on its own letterhead to the delinquent patients of any physician a special form collection letter that is guaranteed to get results without giving offense. All payments are to be made directly to the doctor; he is to receive a copy of the letter for his approval; and he will pay nothing for the accommodation —not even postage. Within fifteen days, the company promises, from 40 to 80 per cent of the patients ac-

3 BABY CEREALS

PERMIT INDIVIDUAL DIET PLANNING



Probably no *one* cereal is equally well tolerated by *all* infants. That's why Gerber's has three types available. Further, variety in the cereal is much appreciated by older babies whose taste buds are beginning to develop.

Although each of these cereals is different one from the other, all have certain factors in common. All are bland, all are pleasant-tasting, all are low in fibre, all are high in the nutritive elements required by growing infants. We shall be glad to send samples of each, together with professional food analyses. Please use the coupon below.

2 new strained foods now also available
Vegetable and Lamb . . . Strained Peaches

America's Best-Known Baby

Gerber's *Baby Foods*

CEREALS • STRAINED FOODS • JUNIOR FOODS

Gerber Products Co.
Dept. 2211, Fremont, Mich.

Gentlemen:

You may send samples of Gerber's Strained Oatmeal, Gerber's Cereal Food and Gerber's Canned Cooked-in-milk Cereal to the following address:

NAME.....

ADDRESS.....

CITY.....STATE.....

"A TIME-TRIED SENIOR-JUNIOR PARTNERSHIP"

Article reprints available

The popularity of a 1937 MEDICAL ECONOMICS article on partnership contracts led to its revision and republication in 1939 under the title "A Time-Tried Senior-Junior Partnership." To answer the continuing demand for copies, reprints have now been made available at the cost price of 10 cents each. Address: Medical Economics, Inc., Rutherford, N.J.

The article explains in detail the three fundamental types of joint-practice arrangements between older and younger physicians—the assistant association, the office-sharing plan, and the contractual partnership. The text of a sample contract is included.

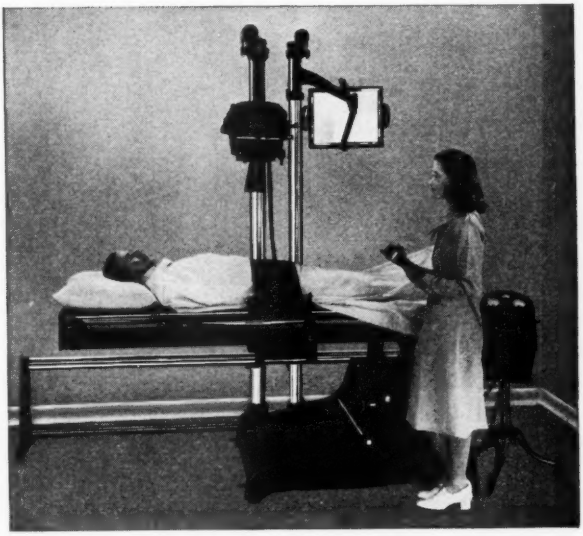
dressed will have paid up or been heard from. Accounts from which no response is received may be placed with the agency for collection at regular rates; however, it is said, the physician need not consider himself obligated to go beyond the use of the free service.

Health Film Center

Medical and health-education films are the concern of a new division of the American Film Center, in New York City. Awarded a three-year grant from the Rockefeller Foundation, the division will act as a clearing house of information on the production and use of health films, and will distribute lists of recommended pictures. It also plans to work with health agencies in developing new productions.

Where to find our advertisers

INVESTIGATE THE G-E MODEL D3-38



IT'S AN

EFFICIENT

COMPACT

FLEXIBLE

MODERATELY PRICED COMBINATION X-RAY UNIT

You can sum up the D3-38 story in two words: better value. It has more of the features that you need and want—things that you and your colleagues specified—than any other moderate-price unit.

With its wide range of service, its refined, simplified control unit, its flexible, easy-to-operate tilt table with built-in Potter-Bucky diaphragm, its genuine G-E Coolidge Tube, the D3-38 offers you *bigger dollar for dollar value than any comparable equipment.*

You can rely on the D3-38 to routinely produce uniformly high quality results, and you can duplicate them accurately with ease. If you are interested in getting full measure for your x-ray dollar, it will pay you well to investigate the D3-38 before you invest in any x-ray unit. To get complete information, here's all you have to do—just fill in and mail the handy coupon, today.

Please send me complete information about the G-E Model D3-38 Combination Diagnostic X-Ray Unit.

Name_____

Address_____

City_____

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

B211

Location Tips

Free service to physicians seeking places in which to practice

✪ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is favorable.

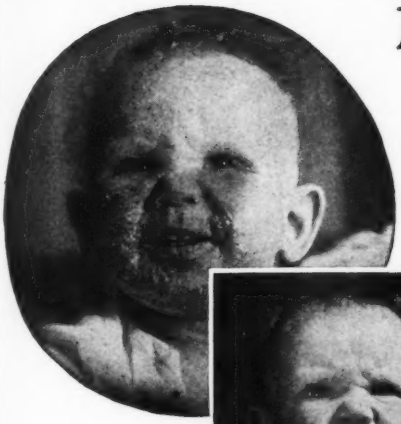
Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available, due to the magazine's comprehensive circulation (130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address MEDICAL ECONOMICS, Rutherford, N.J.

MAZON

the Preferred

DERMAL THERAPEUTIC



Equally effective in both Infantile and Adult cases

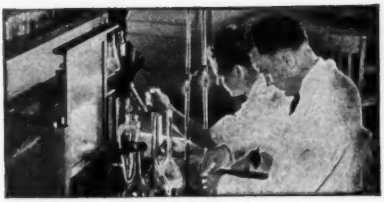
Physicians prescribe Mazon for the relief of externally caused:

ECZEMA PSORIASIS
ALOPECIA RINGWORM
DANDRUFF ATHLETE'S FOOT
and other skin disorders

6

reasons why physicians prefer Mazon:

NON STAINING ANTI-PRURITIC
NON GREASY ANTI-PARASITIC
NO BANDAGING ANTI-SEPTIC



the therapeutic value of Mazon is constantly being improved. It is our paramount aim to give to the physician a product of uniform consistency.

Make your own test

BELMONT LABORATORIES, Inc., PHILADELPHIA, PA.

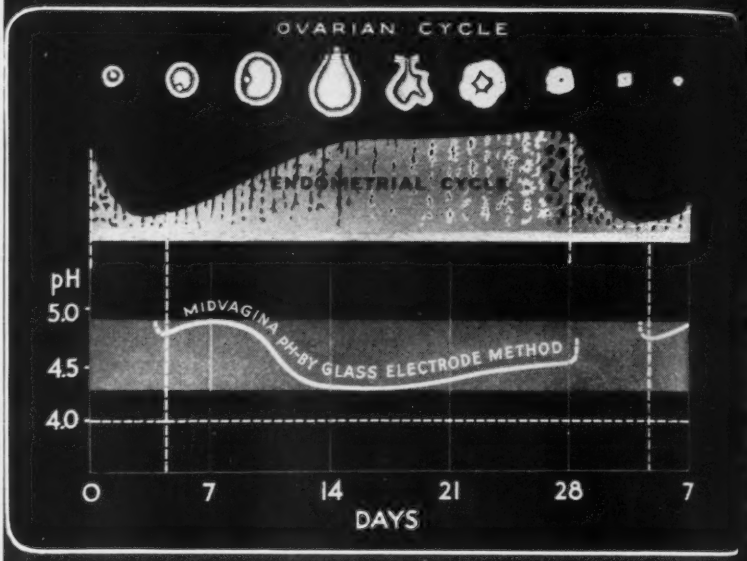
Please send me literature and sample of Mazon and Mazon Soap.

..... M.D.

Address .....

City ..... State .....

Mail coupon today



ORTHO-GYNOL APPROXIMATES

Normal Vaginal Acidity

● The maintenance of normal vaginal acidity is desirable to discourage invasion by foreign or pathogenic organisms. Reports indicate that most types of vaginal infections are usually accompanied by a reduction in vaginal acidity. The pH of Ortho-Gynol conforms with the normal vaginal pH and tends to fortify this important bio-chemical balance. Because of this, Ortho-Gynol is used frequently in the management of certain vaginal infections. Physicians prescribe Ortho-Gynol because it is not only efficacious but is physiological and does not disturb the normal vaginal flora.

ORTHO PRODUCTS, INC., LINDEN, NEW JERSEY

ortho-gynol

VAGINAL JELLY